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CATARRHAL JAUNDICE.

BY HUGO ENGEL, M. D.,
Of Philadelphia.

The catarrhal inflammation of the mucous membrane of the biliary ducts is a disease comparatively common in our city. While I have heard of cases that were said to have happened at any time of the year, I have myself never seen a case originate, but in the fall; especially, however, during the later and colder half of autumn. Many cases seem to point to exposure to cold and damp as the pathogenic cause of catarrhal jaundice, and I must confess that on looking over the record of my cases, in most of them such an etiology was apparently proved with great clearness. Still, if we admit that acute lobar pneumonia is an infectious, febrile malady, a zymotic disease with a special tendency to the lungs, and if we remember that in a great many cases of croupous inflammation of the lungs, jaundice, at times combined with vomiting, occasionally ushers in and not seldom accompanies the graver disease, we cannot avoid finding many points of similarity. Besides, analogy makes this view still more plausible. We need but think of typhoid fever to acknowledge the truth of my assertion. There the microzymes may be either swallowed with the food or drink, and may thus arrive in the small intestines, or may be inhaled, when they travel along the respiratory passages, until they have established their dangerous residence in the lungs. In one Prager-epidemic, reported by Koch or by Ziemssen, by far the greatest majority of cases of

typhoid fever evinced almost none of the symptoms usually considered characteristic—diarrhoea and similar evidences of an intestinal lesion—but the whole disease seemed to consist of the lung complication, generally met with only in the later stages, and then looked upon as an accidental occurrence, induced by the position of the patient, and called hypostatic congestion, although recent investigations appear to indicate that the time will not be far when hypostatic congestion, as now known, will be erased from the list of diseases, and be only then admitted to exist as such, when *in articulo mortis* an actual stagnation of the circulation, in parts most dependent, is really apt to occur.

But no matter what the pathogenic cause: exposure to cold and damp in an individual, otherwise already not in the best condition of health, evidently is an exciting and more than predisposing element. Glancing at the list of patients who come under my observation, either in clinic, hospital, private, or consultation practice, I find the following: People suffering from the disease either had been working hard, their nutrition not been the very best, their hygienic surroundings leaving much to be desired, or they had been leading a life of dissipation, or had been the victims of mental overwork, or of cares and worryment, or had a constitution debilitated by other agencies. But, whatever had brought their health below par, I have not met with a single individual affected with catarrhal jaundice, in whom, beside the direct, exciting cause, there had not existed a predisposition, induced by a lowered standard of health. Even if the patients would not admit such a state, a careful inquiry into

their history left no doubt as to its existence. Certainly I now refer only to catarrhal jaundice as a separate disease by itself.

There may be some who will contend that a lowered state of health predisposes us to any disease. That such is not invariably the case, I need but refer the reader to pneumonia and typhoid fever—two diseases, in my opinion, allied in more than one respect to the malady in question. Pneumonia, as well as typhoid fever, frequently select their victims from just the most vigorous and healthiest class of individuals, while my experience has taught me the opposite to be the case in catarrhal jaundice.

The disease may begin either abruptly or insidiously. A severe chill, followed by high fever, often remitting in character, and sometimes simulating acute malarial fevers, vomiting, and some pain, more frequently a dull ache or a feeling of fullness in the hypogastric region—mostly round the umbilicus—may usher in the malady. Or the patient complains of general malaise; his appetite is waning, a peculiar heaviness and lassitude, an unaccountable weakness, perhaps with some slight fever and headache, a coated tongue and nausea, and an annoying sensation of something wrong in the middle of the abdomen, are the first or prodromic stages of the complaint. And it seems to me as if the more acute initiatory symptoms, the more violent its onset, not only the longer the pathognomonic signs of the disease wait with their appearance, but also the graver is the prognosis *quoad vitam*, as well as regarding the duration of the illness, while the more insidious the beginning, the more rapidly the disease develops itself and the more quickly it runs its milder course.

Whatever the beginning, whether acute and violent or insidious and mild, the following is sooner or later, with variations only as to degree, the further course of the disease: Jaundice, with all its concomitant symptoms, sets in. The pulse becomes slow and full; the skin and the conjunctiva assume a yellowish tint, from the palest straw and lemon-yellow to—in very grave cases—a dark olive-green; the patient is suffering from itching; the feces become dry, hard, and white, or in milder cases clay-colored, and the urine, loaded with biliary coloring-matter and other constituents of bile, assumes a dark-brown tint, and the color-test with sulphuric acid reveals the well-known variegated hue. Another test, recently discovered by Fenwick,* is of value not only in diagnosis, but also in prognosis. Fenwick

has found that in persons suffering from jaundice sulpho-cyanide of potassium disappears in the saliva, and that the earlier in the disease, the more thoroughly and the more continuously this salt is absent, the graver the malady; while even when all the other symptoms still are fully developed, the reappearance of sulpho-cyanide of potassium in the saliva is the surest evidence of beginning amelioration. While concerning the cause of this phenomena, and concerning other questions of interest in connection with the fact stated, we must refer to the original, we will mention the test itself.

The quantity of the salt present in healthy saliva is so small, that a quantitative analysis, especially for the practicing physician, is not to be thought of. The best way, therefore, is the following: Normal saliva is condensed one-half, or one-fourth, by evaporation, or diluted, doubled or quadrupled by the addition of distilled water. Then, to these different specimens is added a small quantity of chloride of iron. According to the percentage of sulpho-cyanide of potassium in the saliva, a discoloration—darker or lighter, as the case may be—will then take place, while none ensues when the salt referred to is absent. These test-solutions once inspected, the addition of chloride of iron to suspected saliva will at once reveal the increase or decrease of the sulpho-cyanide of potassium in the latter.

Aside from the symptoms mentioned, there still is another, perhaps always present and differing but in degree. It is the pain in the hypogastric region. It sometimes is very severe, the patient can scarcely breathe, for the stitch or sharp cutting pain in the region mentioned; this pain is then generally associated with decided tenderness at the same place, and on percussion a dullness over it is elicited, and on palpation a round, or oftener oblong, and more or less hard tumor is felt.

The text-books generally teach that the liver is enlarged. It appears to me that this statement is based more upon theory than upon practice. In some cases I found this organ augmented in size, about one inch and a half below the ribs; in one fatal case there was an enormous increase in size; but in most cases I noticed the liver either to be of normal appearance or smaller. If my observation is correct, if no accidental circumstances favored the recurrence, then the liver seems in those cases not to evince a larger area of dullness, in which the gall-bladder is especially increased in volume. I suppose it is superfluous to indicate that the tumor of which I made mention is the enlarged gall-bladder.

*S. Fenwick, Med. Chir. Transact., lxxv.

Many cases run an exceedingly mild course, and, I may add, one very rapid. Others, again, drag on for several years, and some of these never recover totally, but die of some intercurrent disease. Then there are cases which end fatally. To judge of a series of 119 cases, most of them clinic and hospital cases, about 60 per cent. recover within two or three months (about 25 within one month, 20 within six weeks, and the remaining fifteen over two and less than three months), perhaps 27 per cent. are exceedingly chronic, lasting from six months to several years, and the remaining 18 per cent. die. But of so many of the second class the final termination is unknown to me, that very little reliance can be placed on these figures. Different are the figures from private practice. Of 46 cases, either seen in consultation or attended at their homes or in my office by me, 34 recovered within two months (15 within four weeks, 11 within six weeks, 8 within from six to eight weeks), 7 recovered within six months (1 within three months, 4 within four months, 1 within five months, and 1 within 25 weeks), three had not recovered within a year (one did so within eighteen months, Carlsbad having cured him; two, who had not been freed of their trouble within about a year, were lost sight of), and two died (one within three months, the other seventeen months later, when nearly cured, of apoplexy).

Treatment has undoubtedly influence on the course and result of the disease. And it seems to me that many a patient suffering from catarrhal jaundice would much sooner recover from his malady, were it not for the too early, untimely, and wrong use of cholagogues. I believe that few of the not fatal cases would be ever ailing longer from this disease than, say, six to eight weeks, if they were correctly treated, or at least, if they were not treated at all, but let alone. It was a remarkable fact, deduced by me mainly from clinic patients, that those homeopaths, who honestly administer their infinitessimal doses according to their dogma, are more successful in their treatment of these patients, and cause much less injury than the average regular practitioner; while those hermaphrodites of homeopaths, with allopathic doses (using corrosive sublimate, calomel, etc.) cause the greatest mischief, as they employ at the wrong time the most dangerous remedy, without possessing the somewhat counter-acting greater knowledge of the regular physician, who, understanding the pathology of the disease, does at least not fail to have an eye on the kidneys, while the symptom-hunting ignor-

amus concentrates his whole attention on the removal of the bile by the bowels.

While the treatment I have employed is neither original with me, nor infallible, a considerable experience has proven to me that it is the most successful—and never injurious. I have under it never seen a patient become worse whose prognosis was favorable. As there are many points to be elucidated, I will try to be as concise as possible.

If a case has an acute and violent beginning, and the diagnosis can be early made, I administer to the patient a fever-mixture, as, for instance:

R. Spirit mindereri,	f. $\frac{3}{5}$ v.
Spirit aetheris nitrosi,	f. $\frac{3}{5}$ j.
Tinctur. radicis aconit.,	M xxiv.

M. S.

Of this, I let the patient take a tablespoonful every three hours in half a tumblerful of sweetened orange-water, lemonade, Seltzers or Apollinaris water, until the fever has ceased. Occasionally the dose of the aconite has to be diminished. If the patient is very plethoric, if the fever is high, the pulse full and somewhat hard, the face looks flushed, I bleed him at the arm, taking from twelve to sixteen ounces of blood. These cases are rare; I had but once occasion to employ this procedure; the case, though apparently grave, immediately began to improve, and was well within four weeks. If there is much nausea, or even if there is little, but the tongue heavily coated, or if there is occasional vomiting, I administer a tablespoonful of mustard in a bowl of tepid water, or a hypodermic injection of apomorphia. I wish to caution against tartar-emetic, to be used for the same purpose; in my hands it has at least met with bad results. If the fever is intermittent (very, very rare), or remittent (frequently), and above 101°, I prescribe quinine, a few large doses (twenty grains) once every twenty-four hours.

If the case has an insidious beginning, then I put the patient at once upon the same treatment that I employ in the acuter cases after the fever has ceased.

But no matter how the case is ushered in, as soon as I am positive as regards the diagnosis, I order the local application of from six to twelve European (or twenty-four to forty-eight American) leeches. If there is no special point douloureux or local tenderness (if there is, they are applied as near as possible to it), I have the leeches applied in the hypogastric region, just above the umbilicus and slightly more to the right side of it.

The diet consists of milk, beef tea (bouillon), oatmeal gruel (strained), bread soup, and the like,

given at regular intervals. With the bowels or the excretion of the kidneys (save as by the medicine above referred to), I interfere only when necessity demands such a procedure. Either oleum ricini, or Glauber salt answers in such a case the first, and acetate of potash the second purpose.

When the acute symptoms have ceased, or have never been present, then my treatment is as follows: Here I must dwell for one moment upon the pathology of the disease. What is the morbid condition of the patient? We have an inflammation of the mucous membrane, usually beginning in the small intestines at the pylorus, often in the lower segment of the stomach, and extending thence along the ductus choledochus communis into the gall-bladder, and frequently all the way up along the biliary ducts. The mucous membrane inflames, swells. In consequence of this condition the ducts are narrowed (in fatal cases, *i.e.*, fatal from this cause, the ducts become perfectly occluded, and I have seen in more than one case, where the common duct appeared as if pasted tightly shut) and impede the passage of the bile. The severer this inflammation, this swelling, the less has the bile a chance of passing through. We have, therefore, here nothing wrong with the manufacture, the secretion of the bile—that is undisturbed; but the normally secreted bile cannot get out! In consequence of this condition, the secreted bile partly enters the circulation; its pigment is deposited all over, and the urine becomes loaded with it, as it is the function of the kidneys to take this obnoxious substance out of the blood. If the impediment to the outflow of the bile is too great, lasts too long, or is insurmountable, and if if the kidneys are not able to relieve the blood of this poisonous substance, then intoxication of the system by bile takes place, and under symptoms of delirium and coma (due to the presence of bile in the blood) death sets in, after the body has been saturated with bile, the blood depositing it all over, so that a deep-green discoloration of the skin and of nearly every organ ensues, and after great emaciation.

Would it be any use in such a case, while the bile-ducts are nearly occluded, to give a chalagogue—a remedy which, like calomel, stimulates the excretion of the bile? If we still more stimulate its excretion, its flow to a place where nature does not want it, as there is at present no outlet, we simply increase the inflammation still more, irritate and cause a greater swelling of the already inflamed and swollen mucous membrane, and interrupt and divert the effort of nature to reduce to a minimum the flow of the bile through

its natural outlet. We must avoid every remedy that would the least stimulate the excretion of the bile. But what shall we do instead?

Assist the effort of nature to rid the blood, and by it the system, of the obnoxious bile by way of the skin and, mainly, of the kidneys. And it is wonderful to note how long the human organism may exist with the common bile-duct nearly impermeable, with every avenue, open for circulation, choked with bile, if only the skin and the kidneys properly perform their duties.

We must, therefore, try to reduce the swelling of the membranes and the inflammation that caused the former. After the leech-bites have healed, I know of no better remedy to achieve this object than by acting on skin and kidneys, as we shall soon see, and by applying a large fly-blister ($\frac{3}{8}$ inch) over the seat of the lesion. Often I apply a second, and sometimes a third blister, always waiting for the skin first to heal, but more frequently after the second or third blister, I have half a drachm of mercurial ointment rubbed into the abdominal wall every day or every second day, certainly taking care not to cause salivation. But it is amazing, the quantity of such an innervation that the skin will gradually absorb in these cases, as well as in others, where absorption is our aim, without bringing about salivation. I am convinced that many a patient of mine has derived incalculable benefit from this treatment.

Then I prescribe two remedies: acetate of potash, one drachm four times daily in a large quantity of water, my usual prescription being:

R. Potassii acetatis,	$\text{f. } \frac{3}{4} \text{ j.}$
Tinctur. nucis vomic.,	$\text{M. } \frac{1}{4} \text{ vij.}$
Glycerin.	
Syrup rubi Idari, $\ddot{\text{a}}$	q. s. ad. $\text{f. } \frac{3}{4} \text{ vj.}$

M. S.

Two teaspoonfuls of this medicine, to which the glycerin and the raspberry syrup are added only to improve the taste of it, and the nux vomica to allay any irritability of the stomach, contain exactly one drachm of the acetate of potash; this dose is administered in a large tumblerful of water (if possible, Apollinaris) four times daily.

Further, I order two teaspoonfuls of Carlsbad salt to be taken every morning on an empty stomach. But to insure the real effect of this almost specific remedy, certain conditions have to be fulfilled. First, for this purpose I never use the effervescent salt; I employ either the imported, genuine, or, with still greater preference, the artificial Carlsbad salt. As it is difficult to dissolve, as it should be taken lukewarm, in a large quantity of water and in a certain manner, I advise my patients as follows: They are to take a goblet

of the size of a large beer-glass; into this they put the two heaped teaspoonfuls of artificial salt, leaving the metal spoon in the glass to prevent it from cracking; then the glass is *slowly* filled with boiling water, and the solution continually stirred. If these last two precautions are not observed, a part of the mixed salt will recrystallize, and not dissolve in the quantity of water prescribed. Then the glass is covered with a saucer, and kept over night in the bedroom of the patient, who in the morning on awakening, say, for sake of illustration, seven o'clock, once more stirs his Carlsbad water, and then drinks the sixth part of it. Ten minutes later he takes the second sixth, and, if he is now able to leave his bed, as most are, he rises, and while washing and dressing himself, he sips the third sixth. Then he goes into his yard, or in inclement weather into the largest and best-aired room in the house, and walking up and down he drinks every ten minutes another sixth, so that within about half an hour the Carlsbad water has been swallowed. The patient must then wait half an hour with his breakfast.

As long as the passages don't weaken the patient, as recognized by the pulse and by his own feelings, the number of the stools from this two-drachm dose of Carlsbad-salt, whether they are two or six, has no importance; the moment they become weakening, a fact rarely noted, the dose is accordingly decreased. It often happens in the beginning, especially in chronic and maltreated (with calomel) cases, that the patient will vomit for the first two, three or four mornings, and also occasionally later; such an occurrence is always followed by the most beneficial result. Nothing but bile, mostly dark green, and coming in clots, is emitted, and both facts are alike remarkable—the excessive quantity of bile thus thrown up, and the great relief ensuing; the tongue at once becoming clean and moist, and the appetite returning, the pain in the hypogastric region diminishing. Within a week, in most cases, the stools commence to assume a greenish tint, which daily increases in intensity; and in the same ratio the yellow discoloration of skin and conjunctiva gradually recedes, and the urine becomes clearer, and the pain in the abdomen vanishes.

To assist nature still more, I have the patient take a steam-bath every night on going to bed. As one or the other of the younger practitioners may not be familiar with the easiest and cheapest method of procuring such a bath, I will explain my *modus operandi*. The room in which the patient is to take the bath is brought to a temperature of 74°, as determined by the thermometer—to pre-

vent chilling; the patient, perfectly naked, sits on a high cane-seat chair and is totally enveloped in a large blanket, pinned tightly round the neck, his feet resting on the blanket, and the latter covering him and the chair, and the little space within it air-tight. The blanket is so arranged that the open fold is at the back. Under the chair stands a bucket, or a small tub, half filled with cold water. Into this tub or pail gradually, one after another, three half pieces of "red hot" brick are thrown, and the blanket is at once again folded up. Certainly, as soon as the hot bricks come in contact with the water, a sudden and rapid evolution of steam takes place, which, being confined to the small space within the blanket, soon causes the patient to fall into a most thorough sweat. The first and second time the skin does not respond very actively, but with every day the perspiration increases. If the patient feel uncomfortable—his hands, etc., all being confined within the blanket—the nurse will give him a mouthful or two of cold water to drink, and sponge off his forehead and face with a sponge dipped into cold water. These two procedures give a great relief.

When the patient almost is through with his forced perspiration, one of the attendants takes a hot iron and goes over the bed-sheets with it, so as to warm thoroughly the bed of the sick person. A hot iron wrapped in rags, or a bottle filled with hot water, may be put at the foot of the bed. Then the patient is released from the "sweat-box," and immediately a large bed-sheet, which has been during all this time hanging near a fire, is thrown over him, and he thoroughly dried. Dressing himself in his *warmed* night-garments, he retires to his warm bed, while the steam-bath apparatus is removed, and the blanket hung out to be aired and dried.

I have been so particular about these directions, first for the reason given above, and then because I wish to impress the reader with the necessity of using the utmost caution that the patient during this procedure does not become chilled. While I have seen the greatest benefit arise from this steam-bath, and improved with it cases that did not seem to yield to any other mode of treatment, I have observed irreparable injury being done for want of the caution alluded to. In one case I am positive that a patient had a relapse and died within twelve days, because, when coming out of the bath and feeling so well, as he had not for many a long day, he had run, "just for the fun of the thing," after a friend out into the cold entry.

When the pain all has ceased, when the faeces have had a green color for a week without interruption, then I give the patient every fifth or sixth day, in the evening, from five to ten grains of blue mass, followed in the morning by the usual dose of Carlsbad salt. Then, *but only then*, mercurial preparations, especially blue mass and calomel, are excellent remedies, and have no small, if not the most, share in ridding the patient of his disease. But never, under any circumstances whatever, should a mercurial preparation be given in this malady in the earlier stages, or at any time before the symptoms, as mentioned, warrant their beneficial administration.

The question regarding stimulants, diet, and tonics, has been often raised. With reference to stimulants, my experience has taught me totally to avoid them in catarrhal jaundice, as they aggravate the disease. They may be indicated in a confirmed drunkard, but there they may be given as well as anything else, as no such patient, with a full-developed case of this illness, will ever survive, and if he does so, he will soon succumb to pneumonia or some form of liver or kidney disease. I have seen four cases of this jaundice in drunkards; three died of the disease, the fourth could have been perhaps said to have recovered from it, when he rapidly died in consequence of sudden cessation of the functions of the kidneys.

The diet I recommended in the beginning of my lines on treatment, I continue all through; but I add later toasted or stale bread, with butter, eggs, broiled meats, and fresh vegetables, especially salad—in general, a tonic regime.

For tonics I have found no special occasion. Usually in an uncomplicated case of catarrhal jaundice with no organic lesions, the appetite rapidly returns and becomes almost ravenous with the permanent reappearance of bile in the stools. But I have been in the habit to administer about that time tonic doses of quinine; sometimes I prescribe the ferrated elixir of cinchona, and let the patient take three grains of Jensen's pepsin in an acidulated mixture three times daily immediately after meals. If the weather permits, outdoor exercise is as beneficial for convalescents in this as in any other disease, though special precautions against dissipation and against exposure to the chilling influence of a cold and damp air should be always insisted upon.

507 Franklin Street, Philadelphia.

—Dr. Lermoyez, of the St. Louis Hôpital, Paris, recommends the hypodermic injections of ether for the cure of lupus, and reports successful results.

THE TREATMENT OF SOME OF THE EFFECTS OF SEXUAL EXCESSES.

BY JOSEPH L. BAUER, M. D.,
Of Lehighton, Pa.

(Continued from page 582.)

When I first commenced to devote my attention to urethral surgery, I was under the tutelage of a reputable surgeon, who was well skilled in urethrotomy. Whenever a patient presented a gleety discharge, the bulbous bougie was introduced, and a membranous stricture discovered. One thing struck me invariably, namely, that this stricture was always about the same distance from the meatus, and was not necessarily connected with much pain; and additionally, that the distal end of the bulb was usually covered with a discharge. The surgeon, in a post hoc ergo propter hoc reasoning, concluded that this fluid came from the pouch behind the stricture. I was apparently, therefore, as taught by the new surgery, on the right track. But, unfortunately for myself, I have never missed this fold. It was usually at about the same place, and, in fine, my patients got well without disturbing it. Hence, I have endeavored in every way possible to rectify my prejudices, but I can see no reason to change my views expressed in the January 27, No., 1883, of your journal.

I will not occupy the space of your journal with a lengthy resume of cases. My effort has been to show, that inasmuch as the effects of sexual excess are displayed upon the nervous system, we may rely almost solely upon a few remedies to alleviate whatever results ensue. In order, therefore, to appreciate the method I adopt, I will enumerate the remedies as follows:

1. Ergot or ergotine.
2. Bromide of potassium or sodium.
3. Nitrite of sodium.
4. Hydrate of chloral.
5. Elixir of strychnine, iron and calisaya.
6. Tinct. ferri muriatici.
7. Urethral injections of ext. opii aquosi.
8. Urethral suppositories of iodoform.
9. Steel sounds.
10. Suppositories of ext. opii aq. and ext. belladonna in the rectum.
11. Ice suppositories.
12. Continued current of electricity.
13. Faradic current of electricity.

Ergot, or ergotine, in conjunction with either bromides, nitrite of sodium, or chloral, has an excellent effect. The former remedy has a special effect upon the blood-supply of the generative tract, as well as upon the depot of sexual force,

the spinal cord. The latter remedies are sedatives and antispasmodics. These medicines are used whenever general nervous conditions are manifested, or where there are any signs of an irritative tendency; for instance, headache, insomnia, flatulence, constipation, nerve twitchings, painful erections, or nocturnal emissions. I usually commence with small doses of the bromides (say ten grains) and increase gradually. The nitrite of sodium is started with two-grain doses, and increased in $\frac{1}{2}$ -grain quantities. I have found the latter salt to have had a remarkable effect upon nerve spasm. Some time since it was recommended for angina pectoris, and believing with a celebrated German physician that asthma was a spasm of the diaphragm, I used it in two cases of this disease with permanent success. This tempted me to apply it in the cases under discussion. In a case of a young man, *æt.* 24, who suffered with frequent nocturnal emissions, the dose was raised to six grains thrice daily, the effect being satisfactory. Strychnine, iron and calisaya, are used when there is general prostration or asthenia. Tinct. of iron when anaemia is present. Urethral injections of ext. opii aquos, suppositories of iodoform, and the steel sounds, whenever there is great hyperesthesia of the urethral mucous membrane. Rectal suppositories of opium, belladonna, or ice, whenever there is tenderness of the prostate or symptoms of increased nerve irritation in the prostatic urethra, resulting in nocturnal emissions, painful erection, lascivious dreams, or prostatorrhœa. The continued current of electricity, whenever the remedies suggested above must be aided, or there is a co-existence of partial impotency, depending upon a failure to complete the sexual act, or there is a rapid emission immediately after intromission. The faradic current is used whenever there are symptoms of diminished nerve stimulus resulting in impotency, or where the steel sound may be introduced into the urethra with the bare perception of the patient. The two following cases will illustrate the results of treatment:

Case 1. F. E., of Missouri, called upon me at one o'clock in the morning. He was afraid he would die; well were his fears grounded. He was suffering from palpitation of the heart; indeed, this organ was temporarily an engine—it beat ferociously against the wall of the chest; he could not lie down or sit up; he was suffering from want of air. A rapid examination failed to disclose any organic lesion. I prescribed hydrate of chloral 15 grains, bromide of potassium 20 grains, extract hyoscyamus fl. gtt. iss. per dose,

to be repeated in one hour unless rest ensued. I requested him to call next morning for more careful examination.

Two doses were requisite to produce a comfortable sleep. I made a careful examination of the heart, the result of which was negative. Having a few days previously examined a medical student—a confirmed masturbator, who was suffering from the same cardiac peculiarity, as well as the delusion that modern physiology stood upon an erroneous basis—I directed my attention to his sexual organs. I was assisted by my friend, Dr. C. L. Flannigan, of Minneapolis, Minn. The patient had not had intercourse with his wife for two months previously, though prior to that time his appetite was frequently appeased. He had never had gonorrhœa, nor had he ever masturbated; prior to complete cessation of the marital act, emission occurred immediately after intromission, and seminal ejaculation caused considerable pain in the prostatic urethra; urination was slightly painful; there was pain in the perineum, and tenderness of the prostate gland. Whenever defecation of a hard stool took place, a slight oozing occurred from the urethra. There was constant lumbago; general nervousness, headache, and mental depression. Examination of the urethra was difficult, owing to its extreme sensitiveness. I prescribed bromide of potash, hyoscyamus, and ergot, and introduced a urethral suppository of iodoform daily for five days. By this means I succeeded in alleviating the urethral sensitiveness, so that I could make a more careful examination. A bulbous bougie was introduced into the bladder, and withdrawn. This determined the usual sensitiveness of the prost.-urethra, and a membranous fold $4\frac{1}{2}$ inches from the meatus. I continued the use of the bromides, added thereto suppositories (rectal) of opium and belladonna, and frequently introduced the steel sound. These measures sufficed to accomplish perfect relief.

Case 2. C. D., a youth *æt.* 20, consulted me for supposed AUSZEHRUNG (consumption). He had cough with mucous expectoration; he had a salient, attenuated appearance; he was constantly losing flesh. An eruption of acne pustulosa, as well as his peculiar facial expression, tempted me to suggest sexual disease. He acknowledged that he suffered from constant nocturnal emissions, sometimes occurring twice in one night. This, of course, tended to make a natural dunce still worse; indeed, a better picture of brainlessness could not be painted. There were general symptoms of nervous excitement, as well as collapse. Auscultation revealed moist râles in the larger

bronchi, but nothing further. I prescribed twenty-five grain doses of potass. bromid., with one and a half drop dose of ext. belladonna. fluidi thrice daily, and suggested a few of the customary hygienic rules. This treatment kept off all emissions for three weeks, and he improved in weight and appearance. Unfortunately a spree followed this improvement, and the old condition returned. I then prescribed two-grain doses of nitrite of sodium, with one and a half drops of belladonna, gradually increased, with rectal suppositories of aqueous extract of opium. This had the desired effect, the patient having but one emission every two (2) weeks. I endeavored to make a urethral examination, but coaxing produced such a diabolical laugh, that I was compelled to desist.

In the *St. Louis Clinical Record*, I have frequently detailed cases illustrative of treatment, and have directed special attention to the use of the several currents of electricity; hence, I will refrain from it here. If I have succeeded in demonstrating once more that these cases can be treated with good effect by the general practitioner, and do not necessitate the purchase of expensive armories, I shall have accomplished the object of this article.

WORK OF WOMEN PHYSICIANS IN ASIA.*

BY MARY H. STINSON, M. D.,
Of Norristown, Pa.

In the brief space of twenty minutes, we can note in the chain of events but a link here and there by which women physicians were drawn into the work in Asia.

We find a missionary society formed in 1799 to assist in increasing an interest in its work for the heathen, and in raising money for the same a woman's missionary society was organized in 1801. With the same object "Cent Societies" among women were active until 1815, when Maternal Associations were established throughout the churches, and flourished until about 1842. The Missionary Society of 1799 emerged into the "American Board of Commissioners of Foreign Missions," early in whose history it began its efforts to reach heathen women through the labors of single women. In 1817, two ladies were teaching among the Indians. Between that date and 1860, 104 were engaged in the same work, and thirty-six were teaching in other places.

*Read before the Pennsylvania State Medical Society at its meeting in Philadelphia, 1884.

All Christian denominations had strong convictions of duty toward the heathen. The Baptist Union Missionary Society was organized in 1815. The Presbyterian Church, in order to carry on and extend its missions, obtained a charter in 1837. It had previously founded two missions in India in 1834 and 1835; another in 1853.

The Methodist Episcopal Church found it necessary, to enable them to hold property and do business legally, to seek a charter, which was granted in 1839. They sent the Rev. J. S. Humphrey, M. D., to Kumaon, India, in 1857.

The American Re-formed Church sent the Rev. E. C. Scudder, M. D., to South India in 1855.

The Rev. Edward Chester, M. D., was sent by the Congregationalists to Madura, India, in 1859.

In order to increase the number of medical missionaries in the societies of Great Britain, "A Medical Missionary Society" was organized in 1841 in Edinburgh, under the supervision of the celebrated physician and philosopher, Dr. Abercrombie.

Our first missionaries were ordained ministers of the Gospel. They took their wives and families, located stations, where grew up their dwellings, a place to preach, a school, and an orphanage. The language of the country was acquired, and the Scriptures translated into the vernacular of the country.

Soon it was felt that female teachers were a necessity, and self-sacrificing, earnest Christian women responded to the appeals for teachers.

March the 11th, 1850, there was chartered in Philadelphia "The Woman's Medical College of Pennsylvania," with a board of corporators. A faculty was organized, 52 students matriculated, and the first class of three women graduated as physicians in 1852.

In November, 1851, there was "A Ladies' Medical Missionary Society of Philadelphia," formed with Mrs. Sarah J. Hale as president. But few persons were advanced enough to comprehend for what purpose it was needed.

In 1852, Rev. Dr. Dwight wrote from Constantinople, "It is my present belief that a well-taught female physician in this place would find access to the families of all classes of the people, not excepting the Mohammedans."

In the session of 1853-54, in "The Woman's Medical College of Pa.," under the auspices of "The Ladies' Medical Missionary Society," were two women studying with the purpose of becoming medical missionaries. Emilie Horton and Elizabeth Shattuck were the first women who had

decided upon medical missionary work in Asia. Providential circumstances prevented the first from entering that work. She became Mrs. Dr. Cleveland, and the first resident physician of "The Woman's Hospital of Philadelphia," established in 1860—the first hospital in the world equipped, afforded, and managed wholly by energetic, philanthropic women—also the able Professor of Obstetrics in "The Woman's Medical College of Penna.," and the skillful practitioner so well known in this city. Dr. Shattuck was as one born out of due time. The Board of Missions of her church would not take the responsibility of sending her, not yet having realized the possibilities in the work of a woman medical missionary. For an account of her career, death, and a tribute to her worth, see "The College Story," by Prof. Rachel L. Bodley, A. M., M. D., Dean of "The Woman's Medical College."

American women, beginning to comprehend more fully the misery, degradation, slavery of caste, and idolatrous practices, were aroused to fresh zeal in behalf of their heathen sisters, and to a special interest for their education, which led to the formation in New York in 1860 of "The Woman's Union Missionary Society of America for Heathen Lands."

Among the teachers sent to foreign fields was Miss Brittan, who, after a year of careful inspection and study of the situation in Calcutta, opened fresh zenanas and commenced work in 1864 under the name of "The American Zenana Mission." Her plan and work were most admirable. We must quote her in another link.

The suppression of the mutiny of the Sepoys in 1859, the transfer of the government from the East India Company to the direct authority of the British Crown, the building of railroads, the establishment of an improved school system, dispensaries and hospitals with surgeons and staff of assistants, all tended to assist mission operations.

Coincidently, or providentially, the necessities of the rebellion in our own country caused women, from its one extreme to the other, to pass through scenes and trials that called forth their sympathy, fortitude, and endurance. They became conscious of their power to relieve distress, to comfort the sick, the cast-down, and the sorrowing. Thus there developed an ability to coöperate successfully and to work collectively. Hence, when peace was restored, women were prepared to engage with renewed energy for their oppressed sisters, both at home and abroad. They also felt that they could work more effectually in connection with their several denominational boards of

missions. Therefore, at a meeting of the ladies of the Congregational churches in Boston, January 1, 1868, their "Woman's Board of Foreign Missions" was formed by only a few women full of faith and zeal; and within that month the Board was in active operation. By the 3d of February, \$500 were in its treasury, and the first woman missionary adopted.

"The Woman's Foreign Missionary Society of the Methodist Episcopal Church" was organized in 1869 by seven women, whose subsequent work seems like magic, as now the membership is 90,000.

Dr. Nutting, from Turkey in Asia, when speaking of the women of that country, said: "I am persuaded that in no way can so much be done for their elevation and enlightenment as by sending out among them well-educated, devoutly pious female physicians."

"The Woman's Board of Foreign Missions of the Presbyterian Church" was incorporated in 1870. In 1871 "The Woman's Baptist Foreign Missionary Society" was launched for the support of women missionaries.

These societies are the channels through which the collections of money by the various agencies throughout the length and breadth of the land are gathered for the support of the entire work of women missionaries.

(To be Continued.)

HOSPITAL REPORTS.

PHILADELPHIA POLYCLINIC.

SERVICE OF DR. ARTHUR VAN HARLINGEN,

Professor of Diseases of the Skin.

Reported for the MEDICAL AND SURGICAL REPORTER.

Cases of Scabies Treated by Naphtol.

Since the appearance of his article on the use of naphtol in the treatment of skin diseases,* Dr. Van Harlingen has continued to experiment with naphtol, and to employ it particularly in the treatment of scabies, with increasing satisfaction. The following cases illustrate the employment of naphtol in scabies:

Case 1. P. A. came to the Polyclinic on June 7, 1884, displaying well-marked, though not severe scabies in the usual localities. He had suffered from the affection for three months, but as he was very neat and cleanly in his habits, it had never gained an extensive foothold. He had used a number of remedies without much benefit. He was ordered the following:

R. Naphtol,
Ung. petrolei,

Div.
3j.

M. Under the use of this treatment the patient re-

*American Journal of Medical Sciences, October, 1883.

covered rapidly, and was discharged cured within a few weeks. He afterwards came under observation for localized eczema of the back of the hand, but there was no return of the scabies.

Cases 2, 3, 4, and 5 were boys from a public institution in the city, who had been attacked almost simultaneously with scabies. When admitted for treatment they presented the disease in varying degrees of severity, but were all placed upon the same treatment, the following formula being prescribed:

R.	Naphtolis,	3 ss.
	Saponis viridis,	3 iss.
	Axungiae,	3 j.

M.

Under the use of this, improvement was manifested in every case, but as the applications were in some instances very imperfectly made, while all the boys were removed at an early period to their homes, the final result was not noted. The rapid amelioration, however, and the abatement of the itching and of the inflamed condition of the skin, indicated the value of the remedy.

Case 6. J. M. W., a man of thirty, presented himself at the Polyclinic on February 28, with well-marked scabies of two weeks' duration, occupying the hands and flexures of the elbows, and also the foreskin and penis generally. The skin of the forearms and hands was in a state of acute inflammation, due to some caustic application. In order to allay this inflammation, a lotion of black wash with carbolic acid was ordered to be used over the most inflamed parts, while elsewhere, in localities where the burrows of the itch insect could be most plainly distinguished, the following formula was ordered to be used:

R.	Naphtol,	aa
	Saponis viridis,	3 iss.
	Adipis,	3 j.

M.

The dermatitis yielded quickly to the sedative treatment, and the scabies was rapidly cured, but the patient was so pleased with the effect of the naphtol ointment that he substituted it, after some days, for the black wash, and used it for several weeks over the entire surface of the arms. He then returned without any sign of scabies, but with a rough, irritated condition of the skin of the arms, due, probably, to the sapo-viridis contained in the ointment. This ingredient having been removed and a simple ointment containing a drachm of naphtol to the ounce of lard having been substituted, the irritation rapidly subsided, and the patient soon after disappeared, the eruption when he was last seen having almost entirely disappeared.

Case 7. A traveling salesman applied for treatment on March 13 with scabies of six months' standing, for which he had sought relief from various sources in vain, probably because the nature of the disease had not been suspected. The affection was well marked, involving the backs of the hands, flexure of the elbows and inside of the thighs. He was ordered the following:

R.	Naphtolis,	3 j.
	Saponis viridis,	3 iv.
	Adipis,	3 j.

M.

This ointment the patient applied so effectually

that within two weeks he was entirely cured, a slight eczema only remaining.

The result of the naphthal treatment in these cases has been so happy that Dr. Van Harlingen is led to believe it the best application for the cure of scabies which has yet been brought forward. It has one great advantage over sulphur, the remedy ordinarily employed, in the fact that it has no marked or disagreeable odor.

With regard to the combination of naphthal with sapo viridis, Dr. Van Harlingen considers the latter a useful adjvant, particularly in thick-skinned persons, and at the beginning of the treatment, because it helps to break open the encrusted or burrows in which the itch insect conceals itself, and lays it open to the action of the remedy. But in thin-skinned persons, and where the applications have been made too vigorously, sapo viridis will, at times, tend to arouse slight inflammation, and its use should, therefore, be restricted to the cases and period above mentioned.

Erythema Multiforme.

February and March usually bring a certain number of cases of erythema multiforme, herpes zoster, and purpura, to the clinic. Such cases are not numerous at any time; the statistics of the American Dermatological Association, collected by competent observers all over the United States, and including nearly sixty thousand cases, show a percentage of 1.16 for erythema multiforme, 1.37 for herpes zoster, and .463 per cent. for purpura. Consequently, such cases are rare at our clinics, and therefore deserve some note. The following case is typical of its kind:

The patient, a woman between forty and fifty years of age, presented herself on February 1, displaying an eruption which, from its striking character, had caused her some apprehension, although it gave rise to no bodily discomfort. The lesions, chiefly situated on the extensor surface of the forearms, were papular in character, of the size of a split pea to that of a quarter-dollar, smooth, flat, with a somewhat rectangular outline rising abruptly from the skin without any inflammatory areola, and presented a peculiar dusky, raspberry color. They were usually distinct and quite numerous. Here and there several lesions were observed coalescing into a larger, irregular patch. There were no scales.

A somewhat similar eruption was observed on the face. The eruption was of about four days' duration, and was evidently at its height. The patient described it as coming out almost suddenly while she had her hands in hot water washing clothes. She also declared that it itched, but as there were no marks of scratching, the pruritus could not have been very severe. She was subject to rheumatism, was constipated, and suffered from headache.

The patient was ordered an aperient tonic mixture—the well-known "mistura ferri acida"—composed of sulphate of magnesium, sulphate of iron, sulphuric acid, and infusion of quassia. Nothing was heard from the patient after her first visit until March 28, eight weeks later, when she reappeared with a fresh outbreak of the same eruption. She said that the first eruption had entirely faded away within two weeks of her visit

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to the Polyclinic, and had showed no sign of a return until March 26, two days previous to her present appearance. It then began by the appearance of characteristic lesions under the eye, which increased rapidly in numbers and invaded the whole face. The backs of the wrists and hands were also involved, and when examined, showed numerous lesions similar to those described above, but of smaller size, none exceeding a dime in diameter. On this occasion, there was a feeling in the eruption as if the skin had been struck by a bunch of nettles, and a curious elongated lesion was found occupying the line of a scratch an inch or more in length. Loss of appetite, nausea, and general malaise, were among the symptoms. There was some little stiffness about the ankles, but no decided rheumatic symptoms.

The patient was once more placed upon treatment, and soon entirely recovered.

This case has been detailed because the lesions are of such a marked character, especially as regards their lurid color and because it might readily be mistaken for other diseases of a far more serious nature.

Erythema multiforme is usually marked by the variety of its lesions; there may be erythematous patches, vesico-papules, and tubercles. The peculiarities of configuration which the lesions assume have given rise to the terms annulare, iris, and marginatum, according to the shapes assumed by the grouped lesions. Dr. Stelwagon, of this city, reported, a year or two ago, a case where the entire trunk was covered by gyrate and annular forms, giving a wonderful picture of tattooing when viewed from a little distance, the centre of the lesions changing color as involution takes place.

The course of the disease is usually acute, lasting for a few days, at the end of which time it disappears spontaneously, a fact which should be borne in mind when trying new remedies. Erythema multiforme usually attacks the backs of the hands and feet, the arms and legs being the localities commonly invaded. It also shows itself about the face, as in the case described. The subjective symptoms are rarely troublesome. Notwithstanding the angry inflammatory look which the eruption wears, it seldom itches or burns to any extent. Rheumatic pains, digestive disturbance, and the general malaise, as in the case noted, are not unfrequently present, but in many cases the patient's health is quite undisturbed.

The occurrence of the disease in the spring and autumn is a very peculiar circumstance. Its occurrence in connection with rheumatism is also worthy of note. Digestive derangements are, however, never common in the etiology of skin diseases, and to find these in connection with the affection under consideration, is by no means peculiar in this respect.

Pathologically, erythema multiforme is closely allied to herpes zoster, purpura rheumatica, and urticaria, the entire group of diseases being connected in some way with disturbances of the nervous system—in other words, being "angio-neurosis," or "tropho-neurosis."

The diagnosis is sometimes a matter of importance, chiefly because erythema multiforme is liable to be mistaken for more serious and annoying

affections. The absence of violent burning or itching sensations will serve to distinguish it from urticaria, the affection to which it bears the closest resemblance. Its color is also darker than that of urticaria, and there is no tendency to the production of wheals. The lesions of urticaria may disappear in an hour or so, while those of E. multiforme are persistent. From papular eczema the treatment and prognosis of which affection is so different, E. multiforme is distinguished by the absence of severe itching, the large size of the papules, and by its place of election. Eczema papulosum rarely occurs confined closely to any one locality. Erythema nodosum is to be distinguished from E. multiforme by the large, rounded, firm tumors or nodes, which are most apt to occur along the line of the tibia.

Those who lay too much stress on "coppery color and absence of itching," as a diagnostic symptom in syphilitic eruptions, may find both of these to perfection in E. multiforme. The general history and a careful examination of all the lesions will, however, always show the lack of some characteristics of syphilis.

Eczema Genitalium.

Eczema of the genital organs, whether occurring in the male or female, is one of the most distressing skin diseases with which the physician has to deal. The following case of moderate severity shows the method of treatment followed by Dr. Van Harlingen in this class of cases, although each case requires special management, and the treatment suitable for one form of eczema of the genitals may be quite unavailing when the lesions are of a different character.

Margaret McG., sixty-four years of age, a white-haired Irish woman, unmarried, presented herself for treatment on March 18. She had a worried, anxious look, and declared that she had not been able to sleep for weeks on account of an "itch" in the genitalia. On examination, the external genitalia to the interitus vagina, and the skin over the pubis and the thighs near by, were found to be the seat of well-marked eczema, assuming the erythematous form within, where the mucocutaneous surface was red, dry, and hot looking, and taking on rather more the appearance of eczema sputrum on the skin around, with a fringe of small papules in the neighborhood. There was slight eczema of the lower eyelids, but no sign of eczema elsewhere over the body. The patient presenting no general derangement of the system, and no abnormal discharge from the vagina, a purely local treatment was ordered. She was told to sponge the genitalia with hot water thrice daily, as preliminary to making the other applications. Taking a small basin filled with water as hot as could be borne by the skin, this was applied by means of a small sponge tied to a stick, the water being dabbed on in small quantities, and the applications being made in rapid succession for five to ten minutes. A jug of boiling water was to be kept at hand, portions to be added from time to time, in order to keep the temperature up to the highest point bearable. It is extraordinary how high a temperature can be borne by these inflamed surfaces; a sponge soaked with such hot water that it cannot be held in the hand, will be readily borne by the mucocutaneous covering of the labia, and will give relief to the itching when

nothing else will. The application of water being finished, the patient was then directed to pour a small quantity of black wash into a saucer, previously shaking it well, and to apply this to the entire diseased surface by means of a linen rag—not a sponge. After the parts had been well bathed, small rags soaked with black wash were to be placed within the vagina, and between the labia, while the cutaneous surfaces of the pubis, groins, and thighs adjacent were to be smeared over with the following ointment:

Under this treatment such rapid improvement took place that the patient was enabled to gain a good night's rest after the first day, and within three weeks was so far advanced toward recovery that she inquired at her last visit if any more treatment were necessary. Commonly, however, a more prolonged course of treatment is required, and we may not usually expect to cure cases of this kind without some internal treatment. The affection is to be differentiated from pruritus, which it sometimes accompanies as a secondary affection. Pruritus is a much more stubborn malady.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Clinical Aspects of Cerebral Syphilis.

Read by HORATIO C. WOOD, M. D., Professor of Diseases of the Nervous System in the University of Pennsylvania.

In the present article I propose to say very little in regard to the lesions of cerebral syphilis, only making such allusions as are necessary to the clinical study. So much practical importance attaches to the etiological relations of the disorder, that I shall discuss these at some length.

We do not know why syphilis attacks one portion of the brain rather than another in any individual case; indeed, very rarely can we give any sufficient explanation why the brain is affected at all.

It is naturally to be expected that any cause of ordinary brain inflammation would, when present in a syphilitic person, tend to precipitate a specific cerebral disease. Thus, as thermic fever frequently provokes chronic meningitis, much plausibility attaches to the report of a case in the *Journ. de Méd. et Chir. prat.*, Paris, 1879, p. 291, where the cerebral syphilis is ascribed to a sunstroke. Blows and other traumatisms would, in a similar manner, be supposed to figure largely as exciting causes of brain syphilis; but I have never met with a case having such relations, and reports of them are rare in literature. The only records I have found are the cases reported by Dr. Broadbent, *London Lancet*, 1876, ii., p. 741, and a small collection in Huebner's article on Nervous Syphilis, in Ziemssen's *Encyclopedie*, xii. 301. I have seen two cases of presumably traumatic spinal syphilis; one in which a polio-myelitis* followed a fall on the ice; and one in which,

after a fall from a cart, and marked spinal concussion, a local myelitis developed. (*Univers. Hosp. Dispens. Service Book*, x. 1875, p. 58.)

Various authorities attach much influence to over-study and other forms of cerebral strain in exciting brain syphilis. Engelstedt is stated to have reported cases having such etiological relations, and Fournier (*La Syphilis du Cerveau*) affirms that he has especially seen the disease in professional men and other persons habitually exercising their brains to excess. Neither in private or public practice have I met with any instance where over-brain-work could be considered a distinct etiological factor, whilst the wards of the Philadelphia Hospital and the roll of the University Dispensary are full of cases occurring in persons who use not at all the modicum of brains nature has endowed them with. So far as my observation goes, cases of brain syphilis in which any exciting cause can be found are very rare.

The inherited diathesis is less prone to manifest itself in the nervous system than in other portions of the body, but it certainly is capable of causing every type of nervous disease that follows infection from impure coition.

As early as 1779, Dr. Jos. Glenck (*Doctrina de Morbis Veneris*, Vienna,) reported a case of a girl, six years old, cured by a mercurial course of an epilepsy of three years' standing, and of other manifestations of hereditary syphilis. Graese found gummatous tumors in the cerebrum of a child nearly two years old. (*Arch. f. Ophthalm.*, Bd. i., erst. Abth.) Prof. O. Huebner (*Virchow's Archiv.*, Bd. lxxxiv. 269,) details the occurrence of pachymeningitis hemorrhagica in a syphilitic infant under a year old. Dr. Hans Chiari (*Wien. Med. Wochenschrift*, xxxi. 1881, 17,) reports a case in which very pronounced syphilitic degeneration of the brain-vessels was found in a child fourteen months old. Both Dr. Barlow (*Lond. Patholog. Soc. Trans.*, 1877,) and Dr. T. S. Dowse (*The Brain and its Diseases*, vol. i, p. 76,) report cases of nerve-syphilis in male infants of fifteen months.

It is a matter of great interest to know how late in life nervous disease from inherited taint may develop. We have, as yet, little light upon the equally interesting and cognate problem as to how far inherited syphilis may produce late in life nervous diseases, whose type is not distinctly specific; but it is probable that even after puberty specific nervous affections may appear for the first time in the unfortunate offspring of syphilitic parents. Mr. Nettleship reports (*Trans. Lond. Path. Soc.*, xxxii. 13) the development of a cerebral gumma in a girl of ten years, and Mr. J. A. Ormerod (*Ibid.*, p. 14) of a tumor of the median nerve (probably gummatus) in a woman of twenty-three, both the subjects of inherited syphilis. Dr. Thos. S. Dowse (*loc. cit.*, p. 71) details a case of cerebral gumma at the age of ten years, and Dr. Saml. Wilks (*Lectures on Dis. of Nerv. Syst.*, Philad., 1878, p. 333) one of epilepsy from inherited taint in a boy of fourteen. Dr. J.

tions upon the arm and the symptoms were peculiarly symmetrical; great coldness of both forearms; excessive sweating of the palms; loss of power, so much more pronounced in the extensors than elsewhere that the patient had been treated for lead-poisoning and great wasting of the extensor muscles. Evidently a symmetrical syphilis chiefly confined to the anterior spinal cornua.

*In this case the man had symmetrical specific skin eruptions.

Hughlings Jackson reports (*Journ. Ment. and Nerv. Diseases*, 1875, p. 516), paraplegia with epilepsy in a boy of eight, hemiplegia in a girl of eighteen, and in the *Brit. Med. Journal*, May 18, 1872, hemiplegia in a woman of twenty-two; the nervous affection in each case being associated with or dependent upon inherited syphilis. Dr. E. Mendel reports (*Archiv. f. Psychiatrie*, Bd. i., 313) a case of a child who had inherited syphilis, and developed in her fifteenth year a maniacal attack with hallucinations.

Some time since, I saw, in an orphan of fourteen, a chronic basal meningitis, and in the absence of any history, gave the fatal prognosis of tubercular disease; but to my astonishment, under the long-continued use of iodide of potassium, complete recovery occurred. No signs of inherited syphilis were perceptible, but the specific nature of the inflammation is, in view of the result, scarcely doubtful; it is probable that in some of the reported cases of alleged recovery from tubercular meningitis, the affection has really been syphilitic.

The relation of inherited syphilis to idiocy appears to be a close one. What role the diathesis has in the production of those cases which are dependent upon arrest of development, we have no way at present of knowing; but that it very frequently causes chronic hydrocephalus seems to be well established. A number of cases have been reported; they have been collected by Dr. E. Mendel, *Archiv f. Psychiatrie*, Bd. i., 309. For a very important paper, see also, Virchow's *Archiv*, Bd. xxxviii., p. 129.

Nervous diseases following acquired syphilis infection certainly belong to the advanced stages of the disorder. Huebner reports (Ziemssen's *Encyclopedia*, xii. 298, New York edition) a case in which thirty years elapsed between the contraction of the chancre and the nervous explosion. I have seen a similar period of thirty years. Fournier reports intervals of twenty-five years, and thinks from the third to the tenth year is the period of maximum frequency of nerve accidents.

The fact that cerebral syphilis may occur many years after the cessation of all evidence of the diathesis, is one of great practical importance, especially when taken in conjunction with the circumstance that the nervous system is more prone to be attacked when the secondaries have been very light than when the earlier manifestations have been severe. I have repeatedly seen nerve syphilis in persons whose secondaries have been so slight as to have been entirely overlooked or forgotten, and who honestly asserted that they never had had syphilis, although they acknowledged to gonorrhœa or to repeated exposure, and confessed that their asserted exemption was due to good fortune rather than chastity.

To show that my experience is not peculiar, I may be allowed to make the following citations: Dr. Dowse (*The Brain and its Diseases*, London, 1879, vol. i., p. 7,) says, "Often have I had patients totally ignorant of having at any time acquired or experienced the signs or symptoms of syphilis in its primary and secondary stages, yet the sequelæ have been made manifest in many ways; particularly in many of the obscure diseases of the nervous system." Dr. Buzzard (*Syphilitic Nervous Affections*, London, 1874, p. 80,)

reports a case of nervous syphilis where the patient was unconscious of the previous existence of a chancre or of any secondaries. Prof. Rinecker also calls attention (*Archiv. f. Psychiatrie*, vii. p. 241,) to the frequency of nervous syphilis in persons who afford no distinct history of secondary symptoms.

This frequent absence of history of specific infection is of great practical importance, and has led me to attach comparatively little weight to the statements of patients. In private practice I usually avoid asking questions which might bring up from the past unpleasant memories, and arrive at the diagnosis by studying the symptoms present.

Although syphilis is most prone to attack the nervous system many years after infection, it would be a fatal mistake to suppose that brain disease may not rapidly follow the occurrence of a chancre. What is the minimum possible intermediate period we do not know, but it is certainly very brief, as is shown by the following cases of this so-called precocious cerebral syphilis. Dr. Alfrid Ljunggrén, of Stockholm, reports (*Archiv. f. Dermatol. und Syphilis*, 1870, ii. p. 155,) the case of H. R., who had a rapidly healed chancre in March, followed in May of the same year by a severe headache, mental confusion, and giddiness. Early in July, H. R. had an epileptic attack, but he was finally cured by active anti-syphilitic treatment. Although the history is not explicit, the nervous symptoms appear to have preceded the development of distinct secondaries other than rheumatic pains.

Davaine is said (Buzzard, *Syphilitic Nervous Affections*, London, 1874,) to have seen paralysis of the portio dura "a month after the first symptoms of constitutional syphilis." Dr. E. Leyden (*Zeitschrift f. Klin. Med.*, Bd. v. 165) found advanced specific degeneration of the cerebral arteries in a man who had contracted syphilis one year previously. Dr. R. W. Taylor details a case in which epilepsy occurred five months after the infection (*Journ. Nervous and Mental Dis.*, 1876, p. 38). In the case of M. X., reported by Dr. Ad. Schwarz (*De l'Hemiplegia Syphilitique Précocé*, Inaug. Diss., Paris, 1880), headache came on the fortieth day after the appearance of the primary sore, and a hemiplegia upon the forty-sixth day. S. L. (*Ibid.*) had a paralytic stroke without prodromes six months after the chancre. A. P. L. (*Ibid.*) had an apoplectic attack seven months after the chancre; A. S., one five months after her chancre. In a case which recently occurred in the practice of Dr. A. Sydney Roberts, of this city, the chancre appeared after a period of incubation of twenty-six days, and two months and eight days subsequent to this came the first fit; eight days after the first the second convolution occurred, with a distinct aura, which preceded by some minutes the unconsciousness. The further details of this case are not germane to the present discussion, which only requires the additional statement that the attack developed into an unmistakable cerebral syphilis with temporary aphasia, and that convalescence was finally secured by active anti-syphilitic treatment. As the first paroxysm came on without warning, whilst the man was fishing in the sun, it is not unwarrantable to suppose that a precocious cere-

bral syphilis was in this case precipitated by exposure to the ordinary causes of sunstroke. This list of cases might be much extended, but it certainly is sufficient to show that cerebral syphilis occurs not very rarely within six months after infection, and may be present in two months.

An interesting observation in this connection is that Dr. Ernest Gaucher (*Revue de Méd.*, 1882, ii., 678) of a spinal syphilis occurring six months after the appearance of a chancre.

Syphilitographers are in accord in regard to the existence of two pathological varieties of brain syphilis, whilst some authorities believe in a third form. The most common seat of attack is the membranes; next to these are the brain-vessels; whilst, as already intimated, there is difference of opinion as to whether the disease ever directly affects the brain-tissue. Reasons will be given later on for believing that the brain-substance may suffer violence from syphilis, but I shall first discuss the clinical aspects of specific disease of the membranes.

Disease of Brain Membranes.—Specific affections of the brain membranes very often declare themselves with great suddenness. The records of the disease present case after case in which an apoplectic attack, a convulsive paroxysm, a violent mania, or a paralytic stroke, has been the first detected evidence of syphilitic cerebral disease. On the other hand, in many instances the symptoms come on slowly and successively. Proper treatment, instituted at an early stage, is usually successful, so that a careful study of these prodromes is most important. They are generally such as denote cerebral disturbance; and, although they should excite suspicion, are not diagnostic, except as occurring in connection with a specific history, or under suspicious circumstances.

Headache, slight failure of memory, unwonted slowness of speech, general lassitude, and especially lack of willingness to mental exertion, sleeplessness or excessive somnolence, attacks of momentary giddiness, vertiginous feelings when straining at stool, yelling, or in any way disturbing the cerebral circulation, alteration of disposition—any of these, and *à fortiori*, several of them, occurring in a syphilitic subject, should be the immediate signal of alarm, and lead to the examination of the optic disks, for in some cases the eye-ground will be found altered even during the prodromic stage. Of course, if choked disk be found, the diagnosis becomes practically fixed; but the absence of choked disk is no proof that the patient is not suffering from cerebral syphilis. In regard to the individual prodromic symptoms, my own experience does not lend especial importance to any one of them; although, perhaps, headache is most common. There is one symptom which may occur during the prodromic stage of cerebral syphilis, but is more frequent at a later stage; a symptom which is not absolutely characteristic of the disease, but which, when it occurs in a person who is not hysterical, should give rise to the strongest suspicion. I refer to the occurrence of repeated, partial, passing palsies. A momentary weakness of one arm, a slight drawing of the face disappearing in a few hours, a temporary dragging of the toe, a partial aphasia which appears and disappears, a squint which to-morrow leaves

no trace, may be due to a non-specific brain tumor, to miliary cerebral aneurisms, or to some other non-specific affection: but in the great majority of cases where such phenomena occur repeatedly, the patient is suffering from syphilis or hysteria.

The first type or variety of the fully-formed syphilitic meningeal disease to which attention is here directed, is that of an *acute meningitis*. I am much inclined to doubt whether an acute syphilitic meningitis can ever develop as a primary lesion—whether it must not always be preceded by a chronic meningitis or by the formation of a gummatous tumor; but it is very certain that acute meningitis may develop, when there have been no apparent symptoms, and may, therefore, seem to be abrupt in its onset. Some years ago I saw, in consultation, a man who, in the midst of apparent health, was attacked by violent meningeal convulsions, with distinct evidences of acute meningitis. He was apparently saved from death by very heroic venesection, but after his return to consciousness developed very rapidly a partial hemiplegia, showing that a latent gumma had probably preceded the acute attack. On the other hand, an acute attack is liable at any time to supervene upon a chronic syphilitic meningitis. At the University Hospital Dispensary I once diagnosed chronic cerebral syphilis in a patient who the next day was seized with violent delirium, with convulsions and typical evidences of acute meningitis, and died four or five days afterwards. At the autopsy an acute meningitis was found to have been engrafted on a chronic specific lesion of a similar character. In the case reported by Dr. Gauvel (*Tumeurs Gommeuses du Cerveau*, Inaug. Diss., Montpellier, 1875), in which intense headache, fever, and delirium, came on abruptly in an old syphilitic subject, and ended in general palsy and death, the symptoms were found to depend upon an acute meningitis, secondary to a large gumma.

In this connection may well be cited the observation of Dr. Molinier (*Revue Méd. de Toulouse*, xiv., 1880, 341), in which violent delirium, convulsions, and coma occurred suddenly. A very curious case is reported by Dr. D. A. Zambaco (*Des Affections Nerveuses Syphilitiques*, Paris, 1862, p. 485), in which attacks simulating those of acute meningitis appear to have been produced in a man with a cerebral gummatous tumor by a malarial complication. In such a case the diagnosis of a malarial paroxysm could only be made by the presence of the cold stage, the transient nature of the attack, its going off with a sweat, its periodical recurrence, and the therapeutic effect on it of quinine.

(*To be continued.*)

—Every one, rich and poor, takes a dip once a day in a caldron of hot water in Japan. The rich bathe before dinner and at night. The whole household dip in the same water. Precedence is given to visitors, then the elders, followed by the young people according to age, and then the servants. On getting out of the caldron each bather gargles mouth and throat with cold aromatized water. They then fan each other until they are all dry.

EDITORIAL DEPARTMENT.

PERISCOPE.

Symptoms, Diagnosis, Prognosis, and Treatment
of Typhlitis and Perityphlitis.

We extract the following from a paper by Dr. Leonard Wheeler in the *Boston Med. and Surg. Jour.*, May 1, 1884:

Symptoms.—An attack of typhlitis is more common in young males. It is usually abrupt, though often preceded by an irregularity of the bowels. At the time of the attack the bowels are usually constipated. Pain and tenderness are complained of in the right inguinal region, there is slight fever and probably vomiting, and the attack may pass off with no greater trouble than this. Such cases are considered common, and are often repeated in the same individual. I have never come across one, however, or if I have, have not recognized it. The attack may be something more severe than this, a tumor being demonstrable, the right leg drawn up, and the decubitus on the right side in order to diminish pressure on the diseased part. The great majority of such cases even recover without the formation of abscess or development of peritonitis, after a duration of from three or four to ten or twelve days, though an induration may remain for months.

Perityphlitis by no means necessarily implies abscess. The symptoms of the most formidable cases are similar to the above, except in degree, until perforation occurs or an abscess forms. A perforation into the peritoneal cavity makes itself very promptly known by the symptoms of acute general peritonitis. A perforation into the post-cecal cellular tissue is not so manifest, nor is it easy to know when suppuration begins.

Diagnosis.—The number of diseases with which typhlitis and perityphlitis may be confused is large, but in most cases it only seems necessary to have the disease in mind in order to discover it. Mr. Maunder, of London, was called to tap an ovarian cyst, and found a cecal abscess. Dr. Fordyce Barker narrates two cases, both seen by eminent counsel. The first patient was the wife of a physician, who proved to have a pelvic haematocele, although the diagnosis had been perforation of the appendix. The second was daughter of a physician, who proved to have a perforation of the appendix when the diagnosis had been pelvic haematocele.

Prognosis.—The prognosis in typhlitis in which no perforation occurs is good. The patients almost invariably recover. When there is a perityphlitis not suppurating, the danger is from recurrences, in which suppuration may take place. Dr. Wm. Pepper has a paper in the *Transactions of the Pennsylvania Medical Society* for 1883, in which he lays particular stress upon this liability to recurrence, and gives one case of twelve relapses. If the disease goes on to perforation, then the result depends in great measure upon the course taken by the pus and the surgical means employed. A perforation through any part covered by peritoneum, including thus nearly all perforations of the appendix, is a desperately

fatal accident. It is possible that adhesions precede the perforation, so that an opening is made directly or through the medium of an intraperitoneal abscess into one of the hollow viscera or through the abdominal wall. If a perityphlitic abscess forms, the most favorable course for the pus is through the cæcum or rectum. Perforation through the abdominal wall is not so favorable. Of twenty-eight cases collected by Dr. Bull, of New York, eleven were fatal.

Treatment.—In non-perforative cases, if there is much pain and tenderness, opium is proper until there is less, then small doses of saline laxative guarded by a small opiate, for it is desirable to relieve the cæcum of contents, both for the sake of diagnosis (to exclude impaction) and to relieve the patient of pain caused by the distended gut. At the same time externally a poultice, ice, or counter-irritation, may be used. Calomel is used by English practitioners generally, and is now and then mentioned by Americans. If an abscess is formed, it is to be evacuated immediately, and if there is a reasonable belief that pus is present, although no fluctuation is found, the surgeon is justified in or is required to test the belief by aspiration or incision. Upon the point of the diagnosis of pus, Dr. Sands writes: "Rigor, sweating, high temperature, acceleration of pulse, abdominal pain and tympanitis, and an increasing extent combined with diminishing firmness of the abdominal tumor, are the chief signs which indicate the formation of pus. But none of these signs is invariably present, and it would be a difficult matter to say which one of them is the most important. But although in the early stages of the disease it may be impossible to discriminate between the cases that are going to terminate by resolution, and those that are to end in suppuration, the latter may usually be distinguished toward the close of the second week by the general unfavorable condition of the patient, who seems to be growing worse instead of better; whereas when resolution is about to take place, the later course of the disease is comparatively mild and favorable." The smallest aspirator needle may be freely used to decide the diagnosis. The operation is done by making an incision parallel with Poupart's ligament through the successive layers of the abdominal wall until the fascia transversalis is reached; the pus is then sought by the needle if fluctuation is not present, and the abscess then opened sufficiently to allow the entrance of a finger to explore the cavity for foreign bodies. Faecal odor and the presence of bubbles of gas in the abscess do not prove the existence of a perforation of the intestine, though making it very probable. It is well to be aware that a perityphlitic abscess may be quite behind the colon, and extending far upward toward the liver. In such case it would have to be approached from the side. Dr. Noyes, of Providence, has tabulated one hundred cases of this operation. The mortality was fifteen per cent. In Dr. Bull's sixty-seven cases of abscess tabulated in 1872, before the operation came much into use, the mortality was forty-seven per cent.

In cases of perforation into the peritoneal cavity, it has been proposed to make an abdominal section, clean out the cavity, and stitch the opening to the abdominal wound. But the difficulty of diagnosis is too great to allow of spending much hope upon this idea.

On Certain Forms of Intestinal Obstruction that may Follow after Hernia.

A paper on this subject was read by Mr. F. Treves, before the Harveian Society of London, March 20, 1884.

Although after complete reduction of a strangulated hernia, and after recovery from the operation, as a rule, no further intestinal troubles may be expected, apart from such as depend upon fresh accidents to the rupture, certain forms of intestinal obstruction might follow after such reduction.

1. Stricture of the intestine due to cicatrization after ulceration or sloughing of the mucous membrane, or to a form of contracting peritonitis. From the collected cases it would appear that neither the seat of the hernia, nor the duration of the strangulation, nor the nature of the operation, have certain or definite concerns in the production of these strictures.

2. Obstruction due to adhesions. The herniated loop may become adherent to the parietal peritoneum, and cause occlusion by "kinking," or the adhesions may lead to "bands" that may be the means of producing obstruction; omental bands are also common after certain herniae.

3. Obstruction by the formation in the bowel of a rigid loop. Several examples of this form of obstruction were given, together with examples of a fistula bimucosa consequent upon injuries received by the strangulated bowel.

Mr. Gant took a different view from the author of the paper, with regard to the origin of stricture of the intestine and looped constriction, as forms of intestinal obstruction resulting from hernia. They were not subsequent conditions, but commenced from the time of operation, owing to the indentation often left upon the bowel at the seat of stricture, when the strangulated portions had been inadvertently returned into the abdomen in that condition. Hence the great importance of the rule he always observed, that of gently drawing down the gut, and of effacing the indentation by gentle manipulation before returning the part into the abdomen. The same might occur after the reduction of enterocele without operation, and it might be advisable to resort to operation to discover and release any such constriction, even when reduction could be effected by taxis, provided that the duration of the strangulation rendered it probable that plastic constriction might have supervened.

Mr. Cowell criticised the statement that the duration of the hernia had no definite influence upon the liability to subsequent obstructions. Some of the forms of obstruction, and especially those produced by bands of adhesion, were much more likely to be found in old herniae. In many patients several different portions of intestine in succession found their way into the hernial sac, and were liable to be pressed on, each of them in turn becoming the seat of some inflammatory change and exudation.

Hour-glass Contraction of the Uterus.

Dr. J. J. Gorham thus writes in the *Brit. Med. Jour.*, March 22, 1884:

I believe a useful chapter could be added to modern works of midwifery on the use and abuse of the binder, enumerating under the latter category the liability of inducing hour-glass contraction by its improper application. The contributions in the *Journals* of February 16 and March 8 (pp. 312, 456), by Messrs. James and Chappell, serve to confirm a view I have always held as to one of the causes, perhaps the most frequent cause, of hour-glass contraction. My experience differs from Mr. Chappell's as to the time when the binder produces its dangerous action. I believe this danger is almost always caused by the irregular pressure of an improperly-applied binder on the temporarily inert uterus after the birth of the child, and before the separation of the placenta, and that its production is often purely mechanical (*i. e.*, by constriction), instead of being induced by irregular muscular action, as is usually supposed. This theory would scarcely meet Mr. James's case, unless the binder in that instance had been readjusted on the completion of the second stage. The following brief record of a case which I attended comparatively recently will, I hope, clearly illustrate my meaning:

Mrs. K., who had previously nine children, all with one exception natural labors, sent for me on her tenth confinement. On my arrival at the house, the os and passages were fully dilated, the head presenting at the brim; the membranes had broken an hour before my arrival. After waiting a short time, and seeing that the head had not advanced, I put on the long forceps and delivered, whereupon a second child was found in the uterus. This was turned and delivered, and, in the absence of anything better at hand, I extemporized a binder out of a small shawl, and, after having given a full dose of ergot, I waited for the completion of the third stage. After half an hour, the insertion of the cord into the placenta not being reached with the finger, I introduced my right hand with some difficulty through the os, and, after examination, I found complete hour-glass contraction, with the greater portion of the placenta imprisoned in the upper cavity. I had some difficulty in passing my index and middle fingers through the constriction, so tightly did it embrace the placenta; and, on manipulating with the left hand outside the abdomen, the cause of the mischief became at once apparent. The binder, instead of forming a firm support for the fundus of the uterus, had collapsed, and formed a constricting cord round the abdomen near the umbilicus. On removal of the binder, all difficulty shortly ceased, the placenta was removed en masse, and the woman made a rapid recovery.

—Two cases of chronic mercurial poisoning are mentioned by Neukirch (*Edinburgh Medical Journal*, March, 1884), interesting enough owing to the cause, viz., the impregnation of the air of patients' sleeping apartments with mercurial vapor from imperfectly amalgamated looking-glasses. He supposes that such cases, in obscure forms, may be frequent enough, as one of his had suffered for four years before the cause was discovered.

May 17, 1884.]

Editorial.

625

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D. G. BRINTON, M. D., }
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE MINERAL WATERS OF CRESSON.

Dr. Carl Seiler, at the recent meeting of the American Medical Association, held at Washington, D. C., read a very interesting paper on the medicinal value of the mineral springs at Cresson, Pennsylvania. During his remarks he said that there are at Cresson three springs:

1. One a very strong iron spring, which, according to the analysis made by the Pennsylvania State Survey, ranks with the best so-called steel springs of Europe.

2. A ferruginous alum spring and a weak magnesia spring. These waters he used on a number of patients suffering from chronic catarrhal inflammation of the upper air-passages in the form of sprays applied locally to the diseased mucous membrane and the iron and magnesia waters internally, with proper regulation of the diet of the patients.

Thus he found that the ferric alum water had a decided tonic and stimulating effect in those cases of atrophic nasal catarrh which were complicated with pharyngitis sicca and chronic laryngitis, and that the beneficial effect of the local application was very soon apparent to the patient. In these cases selected for trial, no other treatment was used so that there should be no error possible in determining the therapeutic value of the application.

The iron water he found to have no very decided effect upon these cases, but to be of great value in cases of follicular pharyngitis and in the milder forms of hypertrophic nasal catarrh, as well as in cases of ordinary simple chronic laryngitis and bronchitis.

The magnesia water locally applied gave no results whatever, and he very soon desisted in using it for topical applications, but found it a valuable adjuvant in the treatment of patients suffering from lythaemic inflammations of the mucous membrane of the upper air passages. In these cases the patient was directed to drink the water freely, and its slightly diuretic effect soon became apparent.

The iron spring also is somewhat diuretic in its

action, but is chiefly valuable as a tonic, particularly in cases with feeble digestion.

Artificially prepared solutions of iron and ferric alum, which he used in a number of cases similar to those which were treated with the natural waters, did not have the same effect; and this fact strengthened his belief that it seems impossible to manufacture an artificial mineral water in the laboratory of the chemist, which is equal in its value to that produced in nature's laboratory.

Almost all the European authors on diseases of the lungs and upper air passages lay great stress upon the value of the natural mineral waters in the treatment of these disorders, and advise their patients to go to one or the other of the many watering places on the continent. In America, on the other hand, although we have mineral springs of equal, and even greater therapeutic value than are found in Europe, yet the medical profession at large does not seem to recognize the fact, and they are little patronized, with the exception of a few, where, however, the waters form the least attraction.

This may, perhaps, find an explanation in the fact that in this country, everything being free, the patients at these watering-places are left to their own choice as to the quality and quantity of the water they are to drink, and are not in the least restricted as to their diet, which, as a rule, is either altogether insufficient in quality or sumptuous beyond reason. In Europe, however, the effects of the different mineral springs are well known to every educated physician, and when he sends a case to a watering place, it is not a random patient which, perhaps, he is anxious to get rid of for a time, but he selects that mineral spring which is most suitable for the disease from which the patient is suffering. At the springs there is also a physician appointed permanently by the company or State owning the ground, who has made a study of the therapeutic action of the mineral waters, and who directs every patient as to which of the waters, if there be more than one spring at the place, he is to drink or use, how much, and in what form, whether internally, by local application, or in the form of baths, and

finally, gives careful directions as to diet and exercise compatible with the use of the mineral springs.

We cannot expect that change of air and the indiscriminate use of a mineral spring alone should produce those marvelous effects which we so often hear about as having been produced by this or that German spring, unless we combine hygienic measures with our therapeutic agents.

The mineral springs of Cresson, viewed from this standpoint, will, he has no doubt, soon be recognized as extremely valuable in the treatment of all catarrhal affections of the mucous membranes, which is enhanced by their situation and surroundings. They are located near the summit of the Alleghanies, at an elevation of 2300 feet above the level of the sea, and within a few miles of the celebrated Horseshoe Curve of the Pennsylvania Railroad, thus affording a moderately high altitude with a moderately dry climate, one that is eminently suited for catarrhal diseases. The hotel accommodations are excellent, and the place is free from many of the objectionable features of other more fashionable watering-places, such as drinking-saloons, gambling-hells, racecourses and the like, which aside from the bad moral effect, must necessarily materially interfere with the needful rest, free from excitement, so necessary in the treatment of most chronic diseases.

THE PROPRIETY OF ARTIFICIAL FECUNDATION.

The French journals have lately been discussing the propriety of the operation for artificial fecundation, apropos of a case which occurred at Bordeaux last year, and which we mentioned at the time.

One side maintains that the operation might lead to injurious social results; that the physician oversteps the bounds of his art in suggesting it; and that it is in violation of the sanctity of marriage.

The advocates of the procedure argue that it is a perfectly ethical undertaking; that it is no more threatening to social morality or the privacies of marriage than any other treatment for sterility; that it offers a means for removing one

of the most certain causes of unhappiness in married life ; and that if properly carried out there is no more violation of proprieties than in making an ordinary examination with a speculum. The procedure of Prof. Pajot is recommended. He appoints an hour for coitus to take place, calls about an hour later, introduces a syringe in which he takes up a little of the seminal fluid, and throws it well into the uterine cavity. The result is frequently successful.

NOTES AND COMMENTS.

Obstinate Hæmaturia.

This trouble is oftentimes so rebellious to treatment that the case which a correspondent of the *Lancet* (April 5, 1884,) records is well worthy of note:

About two years ago J. S.—, sixteen years of age, received at school a blow on the right lumbar region, which caused pain and swelling for a few weeks, when the urine became loaded with blood. He was treated by neighboring surgeons with various remedies, without any perceptible decrease of the bleeding. As the poor boy became terribly blanched and weakened, his father brought him to the Royal Infirmary at Liverpool, where he stayed for about two months, which appeared to have no effect, as the bleeding, which always took place when resting for a while in bed, was as bad as ever, but the quantities lost were not so large. He was discharged, and told to continue the infusion of ergot and keep quiet. The bleeding continuing and death being imminent, he again sought admission to the Royal Infirmary, and was admitted. He remained a month ; rest and quietude appeared to improve him a little, as all medicines were discontinued. The physicians diagnosed calculus, and suggested an operation, to which the boy and his parents objected. Upon his return home I saw him, and, having heard nothing of his previous history beyond the fact of his ailing so long, ordered him to bed and prescribed sulphuric acid and sulphate of iron in quassia infusion, the specific gravity of the urine then being 1032, and the color a dark blackish-brown, with a layer of blood after standing a few hours. Heat and nitric acid converted the recently-made urine into a solid mass of a black bloody color, which state of things continued for a month. I now prescribed ergot and muriated iron, with exactly the same result. I began gal-

lic acid in ten-grain doses, and continued for a couple of weeks. Finding all remedies equally useless, I asked the advice of Dr. Lionel Beale, which he, in the most handsome manner, gave, and I publicly thank him for so doing. He said : "Give gallic acid in any dose the stomach will bear, and continue as you have been doing." I began with thirty grains every four hours, and afterwards every three hours, with most decided benefit, the stomach retaining those large doses. One month after this latter treatment, the urine presented the following characters: Specific gravity, 1010; color, pale straw ; no blood or albumen with heat and nitric acid. The boy has gained twenty-six pounds, and is going about as before the accident, regaining health and color daily. He has ceased taking medicine for the last ten days, without any bad effects. What I wish to point out is the difference of the doses, and the impression which the large doses of gallic acid seemed to have made on the system.

Causation of Sex.

A careful statistical study of the causation of sex has been completed by Dr. Schumann. His studies are based on the census of Norway and Alsace, the only ones in Europe which offered the necessary facts. His most important deduction is that both relatively and absolutely, the determination of sex is related to the vigor of the parent. Each sex has a tendency to reproduce itself, and the sexually stronger of the pair exerts the most influence. Males above 35 or below 25, beget more males than females ; so also males living in cities are more apt to have female children than those in the country ; facts which our author attributes to the greater debility of the fathers.

We do not pretend to dispute these facts, but the interpretation offered is not the only, perhaps not the most plausible one that could be made.

A New Test for Peptones.

In the suit of Dr. Carl L. Jensen against Keasby & Mattison, as a test case against the alleged infringers or imitators of his pepsin products, Dr. Jensen brought to light that the well-known test for bile (Pettenkofer's) is also a test for peptones in general. This may lead to some important suggestions as to the origin of the bile, and whether it is not one of the earliest products of the digestive process. The presence of the bilic acids in peptic ferment would seem to intimate this.

NEWS AND MISCELLANY.

American Surgical Association.

At the fifth annual session, held in Washington, April 30, May 1, 2, and 3, 1884, the following papers were read:

"An Experimental Study of Anæsthesia," by Dr. B. A. Watson, of Jersey City. "Some of the Dangers and Disadvantages of Anæsthetics," by Dr. David W. Cheever, of Boston. "Wounds of the Intestines," by Prof. S. D. Gross. "Ligation of Common Femoral Artery," by Dr. L. McLane Tiffany, of Baltimore. "Traumatic Cephalocele," by Dr. P. S. Conner, of Cincinnati. "Surgical Interference in Cerebral Abscess," by Dr. C. B. Nancrede, of Philadelphia. "Surgery of the Hand, Especially as Applied to Railroad Injuries," by Dr. Joseph W. Thompson, of Paducah, Ky. "Clinical Observations on the Treatment of Some Railroad Injuries of the Extremities," by Dr. James McCann, of Pittsburgh. "Philosophy of Manipulation in the Reduction of Hip and Shoulder Dislocations," by Dr. Moses Gunn, of Chicago. "Tracheotomy in Croup," by Dr. George W. Gay, of Boston. "The Multiple Wedge Principle in the Treatment of Organic Strictures of the Urethra," by Dr. John S. Coleman, of Augusta, Ga. "Trifacial Neuralgia," by Dr. J. Ewing Mears, of Philadelphia. "Trepanning for Insanity," by Dr. William A. Byrd, of Quincy. "Trehining for Epilepsy," by Dr. William T. Briggs. "Extrication of the Tongue in Cancerous Affections," by Dr. Basil Norris, of Washington. "The Treatment of Indolent Suppurating Bubo by Extrication," with cases, by T. F. Prewitt, M. D., St. Louis, Mo. "Artificial Respiration in the Sitting Position," by Henry F. Campbell, A. M., M. D., Augusta, Ga. "Clinical Notes," by Donald Maclean, M. D., Detroit, Mich. "Supra-Pubic Lithotomy," by W. S. Tremaine, M. D., U. S. A., Buffalo, N. Y. "Some Points on the Pathology and Surgery of the Prostate," by J. W. S. Gouley, M. D., New York city. "The Localization of Perinephric Inflammation by means of Chemico-Anatomical Study," by John B. Roberts, M. D., Philadelphia, Pa. "Unsettled Questions in Relation to Injuries of the Head," by David Prince, M. D., Jacksonville, Ill. "Anæsthesia, and Plaster of Paris Bandage in the Treatment of Sciatic Neuralgia," by John A. Comingor, M. D., Indianapolis, Ind. "Practical View of Neoplasm," by E. H. Gregory, M. D., St. Louis, Missouri.

The officers for the ensuing year are as follows: President.—William T. Briggs, Nashville, Tenn. Vice-Presidents.—J. C. Hutchison, Brooklyn, N. Y., and E. H. Gregory, St. Louis.

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Recorder.—J. Ewing Mears, Philadelphia.

Council.—Henry F. Campbell, Augusta, Ga.; Hunter McGuire, Richmond, Va.; P. S. Connor, Cincinnati, and J. S. Billings, Washington, D. C.

Treasurer John H. Packard, Philadelphia, declined a renomination, owing to a pressure of business.

Washington was selected as the place of meeting, April, 1885.

American Medical Association.

At the thirty-fifth annual meeting, held in Washington, May 6, 7, 8, and 9, the following papers were read:

"Address in the Section of Practice of Medicine," by Dr. John V. Shoemaker, of Philadelphia. "Notes of 231 Cases of the Operation for Laceration of the Cervix Uteri without Single Death," by Dr. T. A. Reamy, of Cincinnati. "Address on State Medicine," by Dr. Deering J. Roberts. "Usefulness of Special Knowledge and Desirability of Using Well defined Special Medical Truths by General Practitioners," by Dr. J. J. Chisholm. "Infectious and Contagious Diseases of Children," by Dr. William Lee, of Baltimore. "Address in the Section of Oral and Dental Surgery," by Dr. T. W. Brophy, of Illinois. "Simulation of Pathognomonic Signs and Symptoms," by Dr. Edward G. Janeway, of New York. "The Clinical Study of the Heart Sounds," by Dr. Austin Flint, sr., of New York. "Dermatitis Herpetiformis," by Dr. Louis A. Duhring, of Philadelphia. "The Etiology of Pericarditis," by Dr. James T. Whittaker, of Cincinnati. "The Production of Poisons by Micro-organisms," by Dr. Black, of Illinois. "The New Officinal Chlorate," by Dr. Traill Green, of Easton, Pa. "A Periodically Painful Affection, Believed to be Located in the Liver, its Capsule, or Both, or Possibly a True Irritation of the Capsule of Glisson," by Dr. R. Harvey Reed, of Mansfield, Ohio. "Epilepsy," by Dr. William Pepper, of Philadelphia. "The Diagnosis of Tumors of the Anterior Mediastinum," by Dr. Jas. C. Wilson, of Philadelphia. "The Pathology of Myocarditis," by Dr. William H. Welch, of New York. "Irregular Apoplecticiform Attacks from Other Causes than Hemorrhage or Embolism," by Dr. Caspar Griswold, of New York. "Occult Causes of Disease," by Dr. W. L. Schenck, of Kansas. "The Dietetic Treatment of Diabetes Mellitus," by Dr. A. Flint, jr., of New York. "Phthisis, its Successful Treatment," by Dr. J. P. Miller, of Buckhannon, W. Va. "Tuberculosis," by Dr. Henry F. Formad, of Philadelphia. "Retardation of the Pulse in Mitral Insufficiency," by Dr. A. T. Keyt, of Ohio. "Etiology of Enteric Fever," by S. K. Crawford, M. D., Illinois. "New Theory and Instrument of Diagnosis," by Dr. L. G. Ayres, of Pa. "The Advantages of Massage in Rheumatic Gout," by Dr. Douglass Graham, of Massachusetts. "The Specific Treatment of Diphtheria and Croup," by Dr. George A. Linn, of Monongahela, Pa. "Muscular Hypertrophy of the Stomach," by Dr. Alexander Marcy, Jr., of Riverton, N. J. "Treatment of Typhoid Fever," by Dr. S. K. Jackson, of Norfolk, Va. "Review of the Germ Theory of Disease," by Dr. Henry O. Marcy, of Boston. "Treatment of Compound Fractures," by Dr. Frederick S. Dennis, of New York. "On Railroad Injuries of the Extremities of the Human Body, with Observations on the Site of Amputation and Subsequent Treatment of the Stump," by Dr. T. R. Varick, of New Jersey. "Calculus Fractured Spontaneously in the Bladder," by Dr. J. W. S. Gouley, of New York. "Amputation at the Hip-joint," by Dr. C. A. Wheaton, of Minnesota. "An Earthy Calculus in the Substance of the Liver," by Dr. William A. Byrd, of Illinois. "Branchial Cysts of the Neck,"

by Dr. W. Senn. "The Treatment of Hydrocephalus, Historically and Practically Considered," by Dr. C. W. Dulles, of Philadelphia. "One Hundred Experiments upon Abdominal Cavities of Animals, the Injuries being Caused by Gun-shots," by Dr. C. D. Parks, of Chicago. "Chronic Serious Synovitis of the Knee, with Enormous Communicating Popliteal Bursa Extending to Tendo Achilles," by Dr. T. F. Prewitt, of Missouri. "Treatment of Obstinate Cases of Club-foot," by Dr. E. H. Bradford, of Mass. "Entrance of Air into the Veins a Secondary Cause of Death," by Dr. G. L. Porter, of Conn. "Desperate Surgery among Women," by Dr. R. S. Sutton, of Pittsburgh. "Surgical Operations for Cancer of the Uterus," by Dr. W. H. Byford, of Chicago. "Trachelosphy, by Dr. Joseph Tabor Johnson, of Washington. "Puerperal Septicæmia," by Dr. Theophilus Parvin, of Philadelphia. "The Relations of Ovulation and Menstruation," by Dr. A. Reeves Jackson, of Illinois. "The Management of Protracted Labor," by Dr. W. H. Taylor, of Ohio. "On the Use of Chloroform in Labor," by Dr. J. Herbert Claiborne, of Virginia. "On the Management and Rectification in Difficult Cases of Occipito-Posterior Presentations," by Dr. I. E. Taylor, of New York. "A Paper written by the late Dr. Samuel D. Gross, entitled, "Causes and Prevention of Laceration of the Female Sexual Organs," by Dr. Busey. "A Thousand Cases of Labor in Private Practice, and the Deductions to be Made from the Same," by Dr. W. M. Findley, of Pennsylvania. "Sudden Death in Labor and Child-bed," by Dr. Wm. T. Lusk, of New York. "Malformation of the Female Sexual Organs," by Dr. Brown, of Baltimore. "The Significance of Bloody Discharges from the Bowels in Children," by Dr. Frank Woodbury, of Philadelphia. "Congenital Encephalocele," by Dr. John H. Duncan, of Kansas City. "Diphtheria Based Upon Analysis of 120 Cases, with a Mortality of 7," by Dr. J. W. Brown, of New York. "Septic Jaundice in Childhood," by Dr. M. P. Hatfield. "The Feeding of School Children," by Dr. Louis Atlee, of Philadelphia. "Enlarged Tonsils, and How They Should be Treated," by Dr. Dudley S. Reynolds, of Kentucky. "Incontinence of Urine in Children," by Dr. Samuel S. Adams, of Washington. "Practical Suggestions on the Treatment of the Malignant Forms of Scarlet Fever," by Dr. Bedford Brown, of Virginia. "Neoplasms of Lachrymal Glands," by Dr. P. D. Keyser, of Philadelphia. "Diagnosis in Ophthalmology," by Dr. Williams. "Sympathetic Neuro-retinitis," by Dr. Risley, of Philadelphia. "Method of Treating Chronic Otitis Media," by Dr. H. H. Hart, of Ohio. "Irregular Astigmatism," by Dr. G. D. Theobald. "Influence of Climate on Treatment of Chronic Catarrh of Middle Ear," by Dr. J. J. Fulton. "Epistaxis," by Dr. W. Rankin, of Allegheny. "Diseases of the Ear in Locomotive Engineers," by Dr. L. Turnbull, of Philadelphia. "Rapid Operation on Ripening Cataract, or Artificial Ripening of Cataract," by Dr. C. S. Beele. "Operation for Removal of Nasopharyngeal Fibromata," by Dr. E. F. Ingals. "Chronic Acid Poisoning of Nares and Adjacent Cavities," by Dr. Mackenzie, of Baltimore. "Sarcoma of Pharynx and Soft Palate," by Dr. Bosworth. "Physical Causes of Asthma,"

by Dr. Cutter, of New York. "Caries of Teeth, and its Relations to the Germ Theory of Disease," by Dr. George V. Black, of Illinois. "Importance of, and Treatment for, assuring Healthy Dentine over Endangered Pulps," by Dr. Jacob L. Williams, of Massachusetts. "Sponge-grafting," by Dr. Edward C. Briggs. "The Removal of Stains from the Teeth Caused by Administration of Medicinal Agents, and the Bleaching of Pulpless Teeth," by Dr. S. W. Harlan, of Illinois. "Overdraft of Nervous or Vital Power as Affecting General Special Health," by Dr. Jacob L. Williams. "A Case of Vicarious Hemorrhage from the Gums associated with Pyorrhœa Alveolaris, the Result of Amenorrhœa," by Dr. A. W. Allport, of Ill.

If any of our readers are interested in any of these papers, they can be procured by addressing the authors.

Officers for ensuing year:

President—Henry F. Campbell, Georgia.

Vice-Presidents—J. S. Lynch, Maryland; S. D. Mercer, Nebraska; J. W. Parsons, New Hampshire; H. C. Ghent, Texas.

Treasurer—R. J. Dunlison, Pennsylvania.

Librarian—C. H. Kleinschmidt, District of Columbia.

Chairman of Committee of Arrangements—S. D. Logan, New Orleans.

Assistant Secretary—W. H. Watkins, New Orleans.

Place of meeting, New Orleans, last Tuesday in April, 1885.

Pennsylvania State Medical Society.

The thirty-fifth annual session of this Society was commenced in Philadelphia, May 14.

At ten o'clock the session was called to order by the President, Henry H. Smith, of Philadelphia. He was supported by Drs. Schultz and Van Valzah, the Vice-Presidents. After a fervent prayer by Rev. Dr. John S. MacIntosh, invoking the blessing of the Almighty on the efforts of the association to alleviate the sufferings of humanity, the Secretary, Dr. W. B. Atkinson, read the register of the members.

Then Dr. John B. Roberts, Chairman of the Committee of Arrangements, delivered the address of welcome. He said :

"To you, Mr. President ; to you, ladies and gentlemen, members and delegates of the Medical Society of the State of Pennsylvania ; to you, its invited guests, I, on behalf of the Philadelphia County Medical Society, extend a cordial greeting. The Society last met in this city at the time we celebrated the one hundredth anniversary of the Declaration of Independence. I welcome, then, an eight years' absent guest. During these eight years, growth in members, growth in influence, growth in scientific knowledge, has given the Society added fame. This is amply shown in the programme prepared for the present occasion, which is full and varied—too full, indeed, do not the members rigidly observe the rule limiting the length of papers. That this wholesome law may not be disregarded, it looks upon us from the first page of the printed card of exercises ; of this, an underscored copy has long since been sent to every speaker. Thus, early opportunity for condensing press and pruning-knife was given all.

The varied scientific dishes have been grouped to suit the palate of the surgeon, of the physician, of the specialist; to the end that no intellectual indigestion may follow undue intermingling.

"That your visit may be profitable and undisturbed by clouds of discontent, that your next absence may be brief, and your return joyous, is our most earnest wish. But, Mr. President, he is welcomed best whom words stay not upon the threshold. I bid you, then, 'Come in;' our hearts, our homes are yours."

Governor Pattison was introduced by President Smith, and he was greeted with loud applause. He said:

"The Commonwealth of Pennsylvania derives exceptional honor from the character and reputation of her medical profession. Its ranks are lustrous with great names, and its history with great achievements that have given her fame throughout the world. The State has undoubtedly prominence by reason of its great scientific progress and the achievement of her physicians and surgeons. And it should be remembered that it was here that the first system of medical study was formulated in this country, upon which was founded our venerable University. Philadelphia might be termed the Edessa of medical instruction, as the place of beginning and as the chief centre of the science to-day. Our colleges and schools and their professors have given us a great reputation throughout the world."

He made a graceful allusion to the death of Dr. S. D. Gross, and said that while we met now under a great shadow and sorrow, yet we have his fame and teachings left—he who had the honors of Oxford, Cambridge, and Edinburgh. The Governor congratulated the association on the steady progress made in the science of medicine, and bid the members God-speed in the great work of healing, and hoped they would continue to uphold the high standard of the profession. His remarks were greeted with general applause.

THE OFFICIAL PROGRAMME

of the meeting was read, and on motion of Dr. Atkinson the privileges of the floor were tendered to Dr. Rockwell, representative of the Ohio Medical Association, and he was invited to a seat by the President. Dr. J. C. Berry, of Japan, and other visitors, were welcomed to the convention.

Dr. Hudson, of Mifflin county, read an extended report of the proceedings of the American Medical Association at Washington recently. Reports of other State societies were then read, but possessed no points of special interest.

Dr. H. C. Gent, President of the Texas Medical Society, was invited to a place on the platform.

Reports of the Corresponding Secretary, of the Library Committee, Committee of Publication, County Medical Examiners, various County Medical Societies, Anti-Vivisection Society, and the Committee on the State Board of Health, were read.

ADMITTING LADY DELEGATES.

The secretary read the names of several lady physicians, who applied for admission; but, as they were not members of the County Medical Society, he did not let them in. Dr. J. L. Stew-

art, of Erie, objected to the admission of the ladies, but President Smith said they were physicians, and as such were entitled to sit with their brethren. He thought they could enter, take seats, and be heard, but he had no power to give them the right to vote.

This was followed by the presentation of a list of names of persons who were invited to take part in the proceedings, and become "members by invitation." All were ladies except Drs. Da Costa and Ruschenberger, and were as follows: Dr. Clara Marshall, Dr. Anna Broonan, Dr. Frances Emily White, Dr. Hannah T. Croasdale, Dr. Rachel L. Bodley, Dr. Ida E. Richardson, Dr. Emeline Dubois, Dr. Emma V. Boone.

Then followed the same courtesy to the members of the Philadelphia County Medical Society not delegates. The significant thing about this action is that the Philadelphia County Medical Society refused to admit these ladies to membership in their society, thus taking an opposite position to the medical societies of other countries, where ladies are admitted.

The question of publishing papers before they were prepared for publication by the proper committee was discussed with some spirit. It was stated that certain "advertising physicians" got a column or two published, while the papers prepared by other and more distinguished physicians, on more important topics, are dismissed with a line or two. Dr. Allis declared that this conduct was unprofessional, and ought to be checked.

The matter was finally referred to a special committee of five, which the President said he would appoint later.

STATE BOARD OF HEALTH.

Dr. Benjamin Lee reported that, as the Legislature was not in session, his committee could do nothing in regard to securing a State Health Bureau. The committee urged the necessity of agitating the subject generally, in order that this great boon and means of protection may be secured.

VIVISECTION.

Dr. S. Weir Mitchell read the report on the subject, and, as he had a bad cold, he asked that the delegates would come up front. There was a rush at once of ladies and gentlemen doctors. He recited the history of vivisection and the opposition to it in England. A large number of physicians thought no harm was done by experimenting on animals, and to stop it would check physiological research. The restrictive law passed by Parliament was very unpopular, and was doing much mischief there. It had checked the knowledge of snake poisons and their effects. He had sent to doctors in India for snake poisons to test here, but these were refused because of the law. Fortunately the proposition to abolish vivisection was now unpopular, and probably cannot be passed.

Dr. Mitchell alluded to the reported cruelties of vivisectionists on animals, and said they were ridiculous. There were probably a dozen experimentalists, and they did no great mischief to domestic pets in the attempt to advance science.

In New York the legislature had failed to pass

a restrictive law. It had been charged, here in Pennsylvania, that the work of vivisection was greatly overdone. We know that we have but a few medical schools, and it is only in them that the work is performed. A few over-kindly lawyers and ladies think that we should be restrained. Twenty-four hundred physicians in London, from all Christendom, have solemnly approved vivisection; and while they denounce anything like cruelty to animals, they think that vivisection may be practiced without shock to sensitive feelings.

The committee offered the same preamble and resolutions adopted recently by the American Medical Association at Washington, by a vote of 1,100 to 1, and that a lady whose name could not be ascertained. The chief resolution was opposed to restrictive action because experiments on animals are promotive of science, and so nearly harmless as to be unworthy of opposition. The report was adopted, and the committee was continued.

Reports of the Committees on Insanity and Lunacy, on Medicine and Surgery, the Diseases of Women and Children, Ophthalmology, Otology, Nervous Diseases, etc., were called, but only two were ready at present. A recess was taken for dinner.

On re-assembling at two o'clock the Secretary made several announcements as to entertainments.

"THE PRESENT OUTCOME OF SANITARY AGITATION IN LARGE CITIES OF THE UNITED STATES."

This was the title of the address on hygiene and state medicine, by Dr. Benjamin Lee. He said:

With all the inestimable blessings which flow from a republican form of government, blessings of which we, as a people, are too thoroughly convinced to have our faith in them easily shaken, he is no true patriot who shuts his eyes to the fact that there are also certain disadvantages not easily separable from it; certainly not as it exists among us at the present day. Under a monarchy, the chief executive usually calls to his aid in solving problems which affect the ordinary conditions of life, trade, and manufacture, the highest scientific ability which the country affords. Experience has demonstrated, in our own case at least, that under a republican form of government, on the contrary, pure science is not held in high esteem by the governing bodies. They are unwilling to look beyond practical advantages, and those mainly as embodied in dollars and cents, or their equivalents. They are quite willing to use the telegraph and the telephone. They would have turned away with an impatient shrug of the shoulders from Franklin amusing himself with his kite, or a Galvani with his jumping frog's legs: and as for voting the public money for carrying on such child's play, not they! Such being the case, what remedy shall enlightened citizens who wish well to their country employ, to check the evil and prevent the Great Republic from falling behind all other civilized countries in the arts of life? To how great an extent we had fallen behind in many of them, the Centennial Exhibition was a wonderful witness and revealer. Now, as the brave and

sententious Captain Cuttle was wont to remark, "The bearin' o' these observations in in the application of 'em." Is no department of governmental supervision do the United States of America make so poor a showing, as compared with the "effete monarchies of Europe," as in that of the care of the public health.

Within limited areas and in small communities, much may be accomplished by private effort, and this fact hygienists have not been slow to appreciate. But a go-between was needed to interpret their teachings to the masses, and impress upon them their importance. This agency has developed itself in voluntary sanitary associations. Modeled upon one started in the ancient and filthy city of Edinburgh, the first in this country was started in Newport, Rhode Island. This was followed by a second in Lynn, Mass., and a third in Orange, N. J., then in rapid succession by others in other cities and villages, until now there are not less than a hundred and seventy in active and beneficent operation throughout the country, that of Brooklyn, L. I., being the largest and most important. The objects of these associations are, first, self-protective, by indicating, as far as may be, sanitary defects and dangers in the homes of their members, and of neighbors of their members, suggesting remedies for such defects, and urging their application; and secondly, educational, (a) in the most practical way by actual demonstration of the necessity for, and the benefits of, sanitary science, as above stated, and (b) by the dissemination of popular tracts expressed in simple, intelligible, and forcible language, giving both general information and practical hints in detail as to the sanitation of the dwelling. Such an association is in reality a mutual insurance company for the preservation of private and public health. It is not intended as a substitute for municipal inspection, and will not conflict with the public health authorities, where such exist, but will supplement their action.

But the citizen who has had the sanitary defects of his dwelling pointed out to him—defects which hourly threaten the lives and health of his loved ones—finds himself, like Christian in the Slough of Despond, with an awakened sanitary conscience, an enlightened perception of his danger, but with no hand stretched out to help him.

And just here is to-day the encouraging feature to the sanitarian. There is no better test of the success of any movement of reform, than that capitalists are willing to embark their means in carrying it on. With a view to filling the hiatus which I have indicated as existing in our large cities, between the appreciation of the evil and the application of the remedy, stock companies have been formed. These companies engage, with more or less modification of course, determined by the special character of each, to make inspections, both special and periodical, of dwellings and buildings confided to their care, as far as their sanitary condition is concerned; to indicate defects, if any exist, and to remedy those defects by introducing sanitary appliances of the best material, most approved pattern, and most scientific construction, under the supervision of thoroughly qualified experts; to furnish plans and specifications for the sanitary system of new buildings and of grounds,

and to take complete charge from the outset of the introduction of such systems.

Probably the earliest of these companies in the field was the "Durham House Drainage Company, of New York." Its specialty consists in manufacturing its own materials, of scientific design and correct mechanical construction, but it undertakes only the main drainage system. Its responsibility ceases where that of the plumber begins. The "National Anti-Sewer-Gas Company," organized in this city, but having already a branch in New York under the name of the "Manhattan Anti-Sewer-Gas Company," aims to prevent the introduction of sewer-gas into houses by offering a perfectly constructed water-seal for closets, and by a system of thorough inspection and disinfection of the drainage.

The "Sanitary Protective and Mercury Seal Company," of this city, proposes to take charge of both the construction and the inspection of buildings, so far as their sanitary arrangements are concerned, giving the preference to its own seals and closets, the merit of which consists in the fact that the ingress of foul emanations from sewers, cess-pools, or drains into the dwellings is prevented by the interposition of mercury, through or by which they can by no possibility force their way. This company has connected with it an "advisory council," consisting of a hygienic consultant, a medical consultant, and a sanitary engineer, whose duty it is to pass upon all reports of inspectors, plans of drainage and specifications of construction, and without whose approval no plan can be carried into effect by the employees of the company.

The "Philadelphia Drainage and Construction Company" also offers its patrons the advantages of frequent inspections by competent officers, but especially invites opportunities for designing and executing the systems of drainage of country seats, villages, seaside hotels, and so forth.

I do not say that the evil of which I have been speaking is an unmixed one. Possibly the work of inspection is more carefully done under the auspices of private companies than it would be by government inspectors. Possibly the stimulus of competition may lead private corporations to use better materials, and execute more satisfactory, and plan more scientific work than would be insisted on by routine officials; but the fact remains, that it is a public duty performed by private citizens, in consequence of the failure of our legislative bodies, state and municipal, to arise to an intelligent appreciation of their responsibilities as conservators of the common weal.

Dr. E. A. Wood, of Pittsburgh, then read a paper in which he discussed the question of, and strongly advocated the establishment of a State Board of Health in Pennsylvania.

Dr. Henry Leffmann followed with a paper on

PROPER MEDICAL EDUCATION,

claiming that the present system of medical education is not the result of efforts to meet the needs of the community, but is largely an irregular development. The reforms which medical colleges have adopted, have been mostly unwilling concessions to public sentiment. The seven fold division of branches has nothing to recommend it but antiquity; it is not a convenient nor a scientific divi-

ion of the subject. Under the arrangement, some of the departments of the college course are overcrowded; others have not sufficient matter to occupy the time assigned. Departments like hygiene, mental and nervous diseases, and medical jurisprudence, have developed so of late years that they might properly be taught by separate chairs, and not made merely subsidiary to other chairs, or limited to spring or fall lectureships. The extension and success of post-graduate schools indicate the direction in which the improvement of the curriculum should be made.

Higher specialization is the necessity of the time. The success which has been attained by dentistry shows that other departments, such as otology, laryngology, etc., might with advantage be pursued independently. There would be no reasonable objection to establishing the degrees of Doctor of Otology, Ophthalmology, and so on, commensurate with the degree of Doctor of Dental Surgery.

A preliminary training for the student before entering on the study of medicine is so obviously necessary that it need not be argued.

The final work of medical reform will be accomplished when the college is made merely the instructor, the license to practice being given by an official board of examiners after a written public examination.

Dr. Thomas H. Fenton, of Philadelphia, read a paper entitled

"HYGIENE IN THE PUBLIC SCHOOLS,"

in which he said:

Two hundred and twelve thousand children attended the public schools of Philadelphia in 1880. The value of the school plant was \$6,179,750. The location of many buildings was faulty as to light and air. Ventilation especially is defective, no provision being made for the exit of foul air beyond the opening of the windows. Special care has been taken to ascertain the truth of this point by accurate and careful tests, which were described at length by the lecturer. The means for remedying this were referred to, and plans given for securing a free supply of air at proper temperature without drafts. The next defect noted was that of drainage, and the poor arrangement, especially of water closets, was considered.

Next came the important point of desks and seats, and the bad effect of careless arrangement of these upon the spine, the chest, and the eyes, was dwelt on at length. The prevalence of myopia was stated, and the difficulty of managing it without proper arrangements for holding books, etc., before the eyes of the children at proper distances was defined. The plan of allowing the light to fall directly upon the faces of the pupils was condemned, and the lack of proper illumination of blackboards was referred to. The color of walls, ceilings, and the paper of books, was stated to be very important. Many important suggestions as to the better care of the children attending our schools were made, and the paper was full of interest.

Then followed Dr. Alice Bennett's address in mental diseases. The authoress chose for her subject the

RELATION OF HEART DISEASE TO INSANITY,

and said that it has become the privilege of those appointed to give the annual address in any of the special departments of medicine sometimes to depart from the customary and avowed object of such appointments; so that, to-day, I will ask your leave, in place of a general survey of the year's work, in the whole field of "mental diseases," to give you the results of some clinical studies of heart disease among the insane.

This subject has received but slight attention at the hands of alienists and others, and its literature is extremely meagre.

We read much of changes in the kidneys, liver, lungs, and other viscera, but comparatively little of alterations in the brain, as a result of cardiac disease.

The physiological mode of action of brain and nerve cells being utterly unknown to us, the manner in which such action may be modified can be but a matter of conjecture. But it is not unreasonable to suppose that irregularities of the circulation, such as are common in organic heart disease, may have an influence in modifying the action of an organ so peculiarly open to impressions as the brain, and whose anatomical connections with the heart are direct and intimate.

Writers on diseases of the heart refer but briefly, "some not at all," to this subject.

Fothergill believes heart affections to be rather rare among the insane, while admitting that physical disturbances are often seen in the course of valvular disease in the form of bad dreams, changes in character, etc. He also cites some cases of positive mania in the advanced stages of heart disease.

Flint says that while it is conceivable that congestion, extravasations, etc., may follow heart disease, clinical facts show that serious cerebral disturbances are rarely seen.

The standard works of the day on mental diseases are equally indefinite and unsatisfactory.

Griesinger concludes that the influence of cardiac disease was very much over-estimated by the older writers, and quotes statistics in support of his statement that "heart diseases are rather rare than frequent among the insane."

Bucknill and Tuke cite some cases of temporary insanity in rheumatism with cardiac complications, and refer briefly to an exhaustive paper by Dr. Burman, in *West Riding Reports*, 1873, without other comments than that the subject "requires further elucidations." Some of Dr. Burman's conclusions given in the paper alluded to, are as follows :

1. Affections of the heart are common among the insane, 50 per cent. of 500 insane patients dying, and 44 per cent. of 680 living patients giving evidence of such disease.

2. That such disease is most frequently found associated with hypochondriacal melancholia, monomania of suspicion, and in such modified forms of general insanity as those in which the patient is morose, sullen, or impulsive.

3. That the suspicion of causal relation is justified by the frequency of coincidence.

He found the proportion of cardiac complications in the different forms of insanity to be as follows :

Melancholia, 48 per cent.; general paralysis, 32 per cent.; recurrent mania, 27 per cent.; epilepsy, 18 per cent.; dementia, 16 per cent.; chronic mania, 14 per cent.

In the above classification, "chronic mania" evidently must include what he calls "monomania of suspicion," and probably also those characterized as "morose, sullen, or impulsive."

Dr. Savage, of Bethlehem Hospital, in a short paper also alluded to by Bucknill and Tuke, concludes that the prevailing form of insanity associated with "heart disease" is "melancholia." The following is an analysis of 500 cases examined in the "Female Department of the Hospital for the Insane" at Norristown, taken without discrimination:

No. cases examined.	Normal hearts. . .	Abnormal hearts. . .	Percentage of heart disease.	Percentage found by Dr. Burman. . .
Acute mania.	18	4	14	22.2
Chronic "	148	47	101	31.75
Recurrent "	28	9	19	32.14
Acute melancholia . .	15	2	13	13.3
Chronic "	29	2	27	8.89
Dementia	185	22	163	11.89
Senile dementia . . .	11	1	10	9.09
Paralytic "	6	3	3	50.
General paralysis. . .	3	0	3	0.
Epilepsy.	28	8	20	28.5
Inability and idiocy. .	29	3	26	20.
Total	500	101	399	20.2

Form of disease—

Simple irregularity	11
Hypertrophy and dilation	4
Apical systolic murmur	70
With basal systolic	16

Total 101

The whole percentage is seen to be less than that reported by Dr. Burman, and the proportion among melancholia decidedly much smaller. In the two cases of acute melancholia given, the associated heart trouble did not hinder a rapid recovery. Feeble action of the heart was noted among the advanced dementes. Accentuations of the aortic second sound in the three cases of general paralysis also noted, as pointed out by Fothergill. There was also a very general absence of haemis murmur.

But it is the coincidence of heart disease, with a certain form of chronic mania, to which this paper is specially designed to call attention. (Here follow abstracts of the histories of sixteen cases possessing similar features, and all presenting evidence of mitral disease.) These cases constitute a distinctive class, easily recognized by the merest novice. Some of the general features running through them that you will have noticed, are as follows :

They begin generally in middle life. The invasion is gradual, generally ascribed to no cause, or to one obviously inadequate. The first symptoms are invariably hallucinations of one or more senses, generally of hearing, and subsequent delusions of persecutions. A woman previously supposed to be in good health, begins to hear voices, sometimes through tubes in the walls, sometimes in the ceiling above her. The ringing of bells, noxious smells, the odor of chloroform, may all come apparently to her perceptions, and to her mind they very naturally assume the form of persecutions from enemies known or suspected. There follow naturally upon this suspicion of every one about her, perverted affections—paroxysms of most violent language, and sometimes of violent acts. Some of our most dangerous lunatics may be developed from this class, when the voices take the form of "revelations" or inspirations. Yet many of them are merely troublesome and noisy. They are often removed from home for the simple reason that they are obnoxious and abusive to their neighbors. Among this class we find some of the most quiet inmates of our hospitals; some not obviously insane to casual observation, who have remained in stationary conditions for years; others beginning in the same way show a tendency progressing toward a general misconception of all the facts of their daily life. In four of the cases given above, delusions as to identity were present.

The following 24 cases present salient features characteristic of this class, although not so typical and unmixed as those given above. All have hallucinations of hearing, and all have disease of the heart, generally mitral insufficiency. (Here are given short abstracts of 24 cases, of which the prominent features are hallucinations of hearing with associated delusions.)

Of the 47 cases of chronic mania found to have heart disease, 40 are given above; of the remaining seven, two began as violent acute mania, three are of a recurrent type, consisting of paroxysms with general incoherence and mixed delusions, one is of unknown history, and has delusions relating to wealth. In none are hallucinations known to be present. It is only fair to look at the 101 cases of chronic mania, showing no cardiac disease. The list comprises a great variety of conditions. A number began as violent acute attacks that have never recovered. These show all kinds of delusions, generally changing and transitory; there are some hypochondriacal and hysterical cases; a number are traced to the use of alcohol. Very many have come to us with history unknown.

A careful examination of the whole number shows only three cases which have any resemblance to those given above. One of these is deformed by disease of the spine; she has made homicidal threats in consequence of supposed injuries; one has progressive phthisis, and her insanity was attributed to alcohol; of the third, nothing is known, except that she goes about beating the walls with her shoes, probably under the influence of hallucinations.

It is not my intention to draw any inference from the above cases, which I do not offer as anything more than a rather remarkable series of coincidences. It has only been shown that among

500 patients, a certain distinctive form of mania has been found, almost without exception, associated with valvular disease of the heart, generally mitral. Whether the frequency of the coincidence justifies the suspicion of a causal relation, is for you to determine. Admitting the suspicion, it must be verified, or the reverse, by continued observations.

The Society then adjourned for the day; after which they visited the Pennsylvania Hospital, were received by the President, and entertained at a banquet by the Philadelphia Medical Society.

THURSDAY, MAY 15.

After the routine business, the

ADDRESS IN MEDICINE

was delivered by Dr. W. H. Daly, of Allegheny, in which he discussed scientific investigation and clinical observation, conservatism in medical ethics, the medical profession and its specialties.

Following this, Dr. Charles W. Dulles, of Philadelphia, read a theoretical paper, entitled DISORDERS MISTAKEN FOR HYDROPHOBIA.

Dr. Van Harlingen then read a paper entitled THE PRINCIPLES OF EXTERNAL TREATMENT IN DISEASES OF THE SKIN.

The employment of outward applications in the treatment of diseases of the skin has always been largely empirical, a remedy having been chosen in a given case, not with the object of producing a certain desired effect in a known condition of the skin, but because it had been said to be useful in the disease supposed to be present. This "doctrine of specifics" was so prevalent some years ago that but four remedies were commonly employed in skin diseases, namely, mercury, arsenic, sulphur, and oxide of zinc. A disease was either eczema, when arsenic and oxide of zinc ointment was the specific; or it was the itch, when sulphur was to be made use of; or it was syphilis, when mercury was to be employed.

Thanks chiefly to the labors of Dr. Duhring, of Philadelphia, the study of dermatology is no longer the memorizing of an obscure and confused jargon of names. The entire subject is now clear and comprehensible. Time and opportunity are, however, lacking to the student and practitioner to become acquainted with the nomenclature and classification of diseases of the skin. It had therefore occurred to the writer that if the more commonly used external remedies could be classified according to their effects upon the diseased integument, certain principles of treatment might be arrived at which would enable the physician to treat most forms of skin disease according to the appearances presented, without this necessarily involving a knowledge of the nomenclature and classification of dermatology.

The writer then went on to sketch out a scheme by which the various outward applications commonly employed were arranged according to their effect, as protectives, sedatives, astringents, anesthetics, stimulants, caustics, and mechanical means of treatment, giving under each head the effects of each class of applications so far ^{as}

known, together with a list of individual medications belonging to the class.

The paper, which was essentially tentative in character, was put forth, said the writer, with the hope of suggesting lines of treatment which might aid the general practitioner in the management of the skin diseases encountered in every-day experience.

Dr. J. H. Musser, of Philadelphia, then read a paper on

A MODIFICATION OF THE SPHYGMOGRAPH,
BEING A CHANGE IN THE BASE OF
THE INSTRUMENT OF POND,

which will appear in full in our next issue.

Dr. J. V. Shoemaker read a paper on

JEQUIRITY (ABRUS PRECATORIUS LINNÉ):
ITS USE IN DISEASES OF THE SKIN.

After giving a full account of the history of this interesting drug and its use at various times, dating back to antiquity, the doctor gives a description of its appearance and parts used, their chemistry, which denotes nothing of the active properties it displays. Its innocent nature, its use as food, along with the above, led the writer to infer that its activity must be looked for either in a new compound formed on addition of water, or the fact that it forms a rich nurture field for atmospheric bacteria. The rapid fungus formation in its infusion induced him to adopt the latter theory, especially, as if these are destroyed by either boiling or antiseptics, the infusion is rendered inert.

Its use in affections of the eyes, first empirically developed by the natives of Brazil, has been closely studied by eminent ophthalmologists, and pronounced by them as of marked value in granular affections of the lids, though so powerful as to deserve great caution in its application. Its result, when so applied, is to produce a specific ophthalmia of a croupous nature, which destroys the granulations and leaves them in a favorable condition to heal. This had led the writer to the deduction that it might be applicable to other morbid processes consisting in exuberant granulations, proliferating cell-growths, and with a tendency to remain in a slowly-degenerating condition, where caustics, escharotics, and superficially-destructive measures seem indicated. While evidently the fungoid development is at the expense of the albuminous components of its infusions, he also deduces that the destruction of cell-growth is caused in a similar manner, and that its own existence is ultimately destroyed by over-production, and the exclusion of atmospheric air by the detritus caused therefrom.

Selecting lupoid conditions, epithelioma, sloughing ulcers, etc., as tests for his theory, he found that a weak infusion, such as is used in ophthalmic practice, was of little avail, and obtained as a more serviceable application an emulsion-infusion from Dr. L. Wolff, the well-known chemist. This, when first applied, produced no pain, but soon set up a specific inflammation, which at times assumed quite alarming proportions, edematous swelling, with érysipelatous appearance of the surroundings, accompanied by febrile symptoms, though this occurred only in applying it to exten-

sive surfaces, and in highly sensitive and irritable patients. The products of this inflammation cast an immense crust on the surfaces, under the protecting influences of which the constructive process rapidly developed, so that after either forcible detachment, or better spontaneous casting off of the cuirass-like crusts, new and healthy surfaces were apparent, and on repeated applications cures were speedily affected by it.

Dr. Shoemaker demonstrated this by cases from the Philadelphia Hospital for Skin Diseases, all of which showed the greatest improvement and entire cicatrization.

He sums up by stating that he considers jequirity a most powerful agent in certain affections of the skin, and though only to be used under careful supervision and with due caution, it generally gives most excellent results in the class of affections named by him; that it has a still greater field than simply that of ophthalmic practice would readily appear, and that, though his theory and its *modus operandi* may be modified in time, its valuable effect in the cases he named is indisputable, and will be more fully developed as it finds more general application and introduction.

A PLEA FOR CHEMISTRY.

Dr. Traill Green, of Easton, read a most practical and valuable paper with this title. As a result of very many years of observation and experience, he has come to the conclusion that very few physicians know as much about chemistry as they ought to, and even some druggists are very deficient in this knowledge. To illustrate the latter point, he related the experience of a friend of his, who went into a drug store and asked for chlorate of sodium. The druggist told him and persisted that this was table salt, not seeming to understand, as Dr. Green said, that there is a difference between a chlorate and a chloride. He considers it essential that physicians should know more about chemistry, in order that they might avoid prescribing explosive mixtures, as has frequently been done. He warns us that potassic chlorate, glycerine, and tincture ferri chlor., will make an explosive mixture. Potassic chlorate and catechu have been used as a dentifrice; if there is much friction in cleaning the teeth, this mixture will explode. The following formula was ordered by a physician for a woman:

R. Argenti oxid,	gr. xlviij.
Morph. muriat.,	gr. j.
Ext. gentiane,	q. s.

Ft. pil. No. xxiv, and silver them.

The woman placed these pills in her bosom for safe keeping, and in a short time an explosion took place. Some nitric acid was put into a presumably clean vial; very soon an explosion, with a loud report, occurred, when it was ascertained that an almost inappreciable quantity of glycerine was in the vial.

In view of the fact that permanganate of potassium has been highly recommended of late in amenorrhoea, Dr. Green advises us not to use an excipient for it that is very readily oxidized, as glycerine; talc or kaolin will be safe. Fluid extract of uva ursi and certain samples of spirits of nitre will form an explosive mixture, as will also, sometimes, chromic acid and glycerine.

The ignorance of chemistry he attributes to the fact, that its importance is not sufficiently impressed upon the student and physician, which negligence he greatly deprecates.

Dr. Benjamin Lee followed with a paper on

"MASSAGE—THE LATEST HANDMAID OF MEDICINE,"

in the course of which he said, Benjamin Thompson, Green Mountain boy, American medical student, yankee school-master, colonel of dragoons, knight of Great Britain; chamberlain of the kingdom of Bavaria, count of the holy Roman empire, better known as Count Rumford, philosopher and philanthropist, hero of a history more wonderful than romance, never uttered a profounder thought than when he deduced the conclusion from one of his brilliant experiments on the production of heat without fire, "that anything which any insulated body, or system of bodies, can continue to furnish without limitation cannot possibly be a material substance, and that it appeared to him extremely difficult, if not quite impossible, to form any distinct idea of anything capable of being excited and communicated in those experiments except it be Motion." This was the germinal idea from which sprang the whole outgrowth of the modern theory of force, as worked out by such thinkers as Faraday, Grove, Joule, Thompson, Tyndall, and Mayer, as we find it elucidated, for instance, in Tyndall's "Heat as a Mode of Motion," and Grove's "Correlation of the Physical Forces."

Since heat, electricity, and chemical action are inseparably associated with the beginnings of life as well as with its maintenance, it is not too much to regard them as, in the hands of the Creator, the means of its source and origin. And as all of these exhibitions of divine power can be traced back to motion as the ultimate cause or their essential condition, it follows that we must look upon motion as the source and conservator not only of force, but of life.

If now, changing our point of view, we look at the processes of animal life from within, we find as the latest development of physiological research, the animal cell, with the incessant motion of its contents within and through its walls by constant endosmose and exosmose, as the unit and exponent of life, both in its origin and its perpetuation. Irregularity or retardation of motion in the cell contents constitutes disease; cessation of this motion is death. We may, therefore, not inappropriately define a state of health to be one in which the motions of the cell contents are normally carried on. This condition being disturbed, what can be at the same time more natural and more scientific than to introduce motion from external sources to regulate and restore it? This is the function of massage.

When I mention that I have now been familiar with this therapeutic means in the management of chronic functional disease of all kinds, and in the treatment of the sequelæ of local inflammations, for a quarter of a century, I think I shall be absolved from the charge of undue haste or rash enthusiasm, in now for the first time introducing it to the notice of this distinguished body.

By *Massage* I understand the communication of

motion to the tissues of the living human body from an external source, for therapeutic purposes.

The word *massage* comes to us from the Greek through the French, and means simply "*kneading*," the idea to be conveyed being that the operator works the flesh as the baker works his dough. It is better to use the French word than to translate it into English, because the English equivalent is used to describe one of the particular modes of massage, and because it has now a well-established position and definite significance in scientific medical literature all over the world. The attempt to belittle the system by calling it "*rubbing*"—an entirely inadequate designation—can only react on those who employ it, by indicating their partial education and their lack of familiarity with the recent literature of other countries. Avoiding the superfluous verbiage of French writers upon the subject, I adopt the simple nomenclature of Metzger, of Amsterdam, who has done more than any one individual for the scientific elucidation as well as the practical advancement of the art, and name four methods of procedure in massage—*stroking*, *kneading*, *friction*, and *percussion*.

Vibration is a modification of *kneading*. It consists in making the alternate pressure and relief from pressure which constitute the essential features of that form of massage, with extreme rapidity. It may be imperfectly done by the hand, but much more effectively with the aid of a machine, since with this alone can the alternations be made with the requisite frequency.

A knowledge of the physiological effects of massage at once affords the clue to its therapeutic applications. And be it here observed that not the least among its advantages as a remedial agent is the fact that its mode of action is physiological and not pathological—that it removes one diseased process, not by substituting for it another diseased process, as is the case in the operation of internal remedies, but by substituting directly the condition of healthy action. Hence, if performed skillfully and judiciously, there need be no fear of any unpleasant after-results, such as can so often be traced to the administration of drugs, and which may ultimately prove as serious as the original disease. The injury done by the habitual, immoderate use of laxatives by women is an illustration of this fact.

Cervical massage, or massage of the neck, depletes the blood-vessels of the scalp and brain, and may, therefore, be used with great advantage in all congestions of the brain or its membranes, acting powerfully and rapidly, like a copious blood-letting without the pernicious effects of the latter. In the congestive form of sunstroke it is of great value, and also, as pointed out by my friend, Dr. Mills, in the congestive headaches.

Abdominal massage stimulates the circulation of the blood and flow of lymph in the digestive organs, and is extremely serviceable in torpor of the liver, taking the place of the time-honored blue pill; in dyspepsia, especially of the atonic form; in constipation and diarrhea; in abdominal dropsy, and in congestive and inflammatory conditions of the womb and its appendages. The power which it possesses of removing articular effusions points to its use in all inflammations of the

joints, whether the result of injury or not, whether acute or chronic, except that where the existence of pus is demonstrated, care must be used not to cause its too rapid absorption into the lymphatics. By its employment, the treatment of sprains, those opprobria of surgery, which an eminent authority has asserted are responsible for more amputations than all other causes combined, is reduced from a matter of months to one of days.

Ankylosis of the joints, when not purely osseous, which is of comparatively rare occurrence, and *old rheumatic stiffness* of the joints, can be overcome by this means to a remarkable degree, and often in a surprisingly short space of time, by associating it with simple acto-passive movements. Its ability to relieve pain by producing numbness of the nerves points to it as an agent of great value in the *neuralgias*, especially those in which there is an injected or varicose condition of the vessels of the neurilemma. *Sciatica* has been the form in which it has yielded the most brilliant results, although I have seen an obstinate neuralgia of the brachial plexus, which was rendering life a burden, entirely relieved in five sittings. *Hysteria*, in all its protean manifestations, the so-called fashionable *neurasthenia*, *spinal irritation*, exhaustion of the great sympathetic nerve, and all the nameless types of chronic invalidism, as demonstrated by the brothers Taylor, in New York, and by our distinguished fellow member, Weir Mitchell, in this city, may be successfully treated by it when all other means of cure have been exhausted with only negative, if not pernicious results; and this because it goes to the beginnings of life, of assimilation, and of nutrition, and, commencing in the cell, builds up the system atom by atom, until the individual is literally reconstructed in body, and to a considerable extent even in mind. The same remark applies to its value in aiding convalescence from fevers and other wasting acute affections, and from surgical operations. Its influence in developing muscular tissue indicates it as especially useful in *infantile* and some other forms of paralysis. Even in *locomotor ataxia*, vibrations have been known to produce decided amelioration.

Certain spasmodic affections of the muscles also, such as chorea and writer's cramp, have been treated by it with the happiest results.

In short, not to amplify this already too long catalogue, whenever we desire to profoundly modify the processes of nutrition, to remove effete material from the system, to stimulate assimilation and invigorate digestion, to soothe nervous irritability and relieve nerve pain, to remove morbid deposits from the neighborhood of inflamed joints, and thus restore them to their normal mobility, to equalize the circulation, sending the blood from the hot head, congested spine, engorged liver, or laboring heart, into the cold extremities, we shall, if we are wise, use massage.

If we know how, and can spare the time, we shall do it ourselves. If, as is more than probable, we do not know how, or have not the time to devote to it, we shall employ an experienced masseur or manipulator to do it in our stead, but for the reasons stated, and not because it is in any way beneath our dignity to do it ourselves.

What then shall guide us in our choice of a manipulator? He or she, for both sexes may suc-

ceed admirably as *massieurs* or *masseuses*, must possess—first, vigorous health; secondly, muscular strength; thirdly, a cheerful temperament, a pleasant face, and an acceptable manner; fourthly, a soft and pliant, but strong hand; fifthly, a fair education and a certain amount of refinement; sixthly, a knowledge of the leading facts in anatomy, such as the position and course of the larger arteries, veins, and nerves, and of such facts in physiology as the functions of the various organs, the course of the circulation, and the general processes of nutrition; and seventhly and lastly, an acquaintance with the effects produced by the different forms of manipulation, the order in which these different forms should be employed in order to produce certain general effects, the injury which may be inflicted by employing them improperly or out of their proper order, and a practical dexterity in their application, to be attained only by training under an experienced instructor. Hence it will be understood that we cannot take John from the stable and Biddy from the wash-tub, and in one easy lesson convert either into a safe, reliable, and efficient manipulator. Massage is an art, and as such must be acquired by study and patient practice, under competent guidance. It cannot be picked up at an hour's notice, by any broken-down nurse or disappointed cobbler. As certainly as a trained nurse is superior to an untrained, so certainly, even more certainly, is a trained and well-instructed manipulator better than a self-taught "rubber." In this as in every art, in the words of the great Roman lawyer: *Quamvisque norit artem in hac se exerceat.*

DIPHTHERIA.

Dr. L. B. Kline, of Catawissa, read paper on this subject, in which he said that in consequence of the general and wide-spread prevalence of this malignant and fatal disease, it is one of the most important and practical subjects that can be brought before this Society. While it is one of the oldest epidemic diseases of which we have any knowledge, there is still a great deal of ignorance prevalent in regard to its true etiological and pathological character, and more than a little empiricism in its treatment.

Diphtheria may be defined as an acute, specific, contagious, and infectious disease, of a miasmatic character.

It is both local and constitutional in its character, manifesting itself locally by a fibrinous exudation on the mucous membrane of the throat, this frequently extending to the air-passages, constitutionally by febrile excitement, with its concomitant symptoms and general poisoning of the system.

As to whether the disease is primarily local or constitutional, is still a disputed question. To my mind, the weight of reasoning on the subject is in favor of the former view. The fact that it is usually sudden in its onset, and affects only mucous membranes that are so situated as to be specially exposed to poisonous particles floating in the atmosphere, it seems to me is strong presumptive evidence that the seeds of the disease are deposited locally, and that the general or blood disease is the result of the local affection.

While the peculiar diphtheric deposit may not be visible at the appearance of the first symptoms of the attack, yet as the primary stage manifests itself in the fauces, simply by a hyperemic and inflammatory condition of the mucous membrane, it is no argument against this hypothesis.

Having located itself on a structure that readily allows the absorption of the infecting material, the general system soon becomes involved, as is indicated by chilliness, succeeded by an increase of temperature and a degree of prostration proportioned to the severity of the attack. That the disease is largely spread by contagion cannot be doubted, yet it is a well-settled fact that sporadic cases recur spontaneously.

Among the causes that favor the development of diphtheria, may be mentioned a want of cleanliness, undue exposure to decaying vegetable and organic matter, sewer-gas, any impure condition of air respired, to whatever cause it may be due.

That malignant diphtheria is highly contagious is now generally admitted; not only is it spread from one individual to another by personal contact, but I am satisfied that it may readily be transmitted by clothing and other objects that have been exposed to the infecting material. The time intervening between exposure to the diphtheritic poison and the occurrence of the disease varies, according to my observation, from two days to two weeks.

In the epidemic that occurred in this town in 1879 and 1880, in the majority of the families in which the disease prevailed, the interval between the attacks of the different members was very short, frequently not more than a single day, while in a small number of instances from one to two weeks would elapse from the occurrence of the first case until a second member of the family was attacked. In one family of seven children, I found a new one down with the disease each successive morning until all were ill.

The history of the following cases shows the danger of those who have recently recovered from the disease, but are still suffering from its effects, coming in contact with healthy children.

A young daughter of Mr. S. was taken sick on March 2. On being called next morning, I examined the fauces, and found it was a well-marked case of diphtheria. Upon inquiry I learned that a sister of Mr. S. was visiting at the house, with three children who had recently recovered from a severe form of the disease, one of the family having died. One of the children, who was still suffering from a sore nose, slept with a daughter of Mr. S. on the Friday night preceding her sickness. There is no doubt in my mind but that the disease was communicated in this way, as there were no other cases in the vicinity, and the disease did not spread to any other family. Three cases occurred in the family of Mr. S.

Physicians should urge a greater degree of caution on the part of families having the disease. Healthy children belonging to the family should not be allowed to attend the public schools, or any place where they are likely to come in contact with other children.

I wish specially in this connection to call attention to the important question of the relation of certain vegetable organisms to diphtheria; the evidence in favor of their presence, as a very impon-

tant factor in an etiological sense, is constantly accumulating, and at present there is a well established connection between the micrococcus species of bacteria and diphtheria. The microscope reveals their presence in a large proportion of cases examined; whether they are present as a result or cause of the diseased process may not be so well settled, but their almost constant existence indicates the importance of the subject to such an extent as to excite the hope that further investigation will develop such new light as will lead to a more rational and successful treatment of the disease. This theory is strongly supported by Oertel, Bartholow, Edward F. Willoughby, and others, all of whom maintain that the presence of bacteria is essential to the diphtheritic process, while the former, who has thoroughly investigated the subject, says, "without micrococci there can be no diphtheria."

In a pathological sense the local lesions have a close connection with the general morbid action. Locally, we find hyperæmia and inflammation of the mucous and subjacent structures of the fauces and pharynx, the diseased action frequently extending to the nasal passages, and sometimes to the larynx and trachea; in very rare cases it may by contiguity of surface invade the stomach, though more frequently the stomach affection is of a secondary character.

In the epidemic already referred to, several instances occurred where patients who were apparently convalescent took suddenly with sickness of the stomach and vomiting of shreds of membrane, these symptoms being quickly followed by prostration and death. In some of these cases the results may have been due to blood poisoning, but in others I believe death was the result of the stomach affection.

Among other pathological changes that may be noticed as having an important bearing on the prognosis and treatment of diphtheria, is that of albuminuria, a weakened muscular condition of the heart, and a toxic condition of the blood. Marked swelling of the neck indicates a severe or malignant form of the disease.

In the treatment of diphtheria, two important objects are to be arrived at: the first to combat and control the local affection as quickly as possible, in order to prevent as far as practicable the absorption of the poisonous deposition; second to endeavor to neutralize and destroy the poisonous particles already absorbed, and thus reduce to a minimum the deleterious effects upon the general system, at the same time supporting the strength of the patient until the crisis is passed.

Recognizing it as a specific and infectious disease of a parasitic nature, the rational and common-sense course of treatment would be, if possible, the destruction of the micrococci, before their full baleful effects are accomplished; but the fact that the constitutional symptoms follow so closely the local affection, makes it in the majority of cases impossible thus to check its progress; yet, though it is claimed by most leading authorities that it is impossible by any means in our power to annihilate the infectious principle, however thoroughly the local application may be made, the object aimed at in all scientific investigation into the etiology of diphtheria, should be the

discovery of a specific remedy, one possessing the power to destroy the vegetable organism.

In this connection, I desire to refer to Dr. Alfred Carpenter, who in the *British Medical Journal* of March 1, 1884, claims to treat the disease on scientific principles, by destroying the parasites in the following manner—he says: "I apply the powder of washed sulphur to the throat very frequently, blowing it into the fauces and applying by means of a brush, with a little glycerine or honey, alternating the application with a little sulphurous acid in solution."

Bartholow highly recommends the use of washed sulphur, applied by an insufflator.

Topical applications to the affected parts I consider of great importance. Caustic applications, however, should be discarded, as their utility is doubtful, and injurious effects are likely to ensue from the mechanical irritation produced.

The local applications relied upon by myself are equal parts of the tincture of the chloride of iron and glycerine, applied with a mop; also carbolic acid and glycerine applied in the same manner.

Where the patient is old enough to gargle, the following is one of the most valuable combinations that can be employed:

R. Acid. lactic,	g. xx. to xxx.
Sp. rectific,	$\frac{5}{3}$ iijss.
Glycerinæ,	$\frac{3}{2}$ ss.

M.

S.—Gargle frequently.

The lactic acid has a solvent effect upon the false membrane.

One of the most valuable and indispensable local remedies at our command is that of hot medicated vapor. My manner of using it is in the form of hot tea, to which twenty or thirty drops of carbolic acid is added to a pint of the tea. In malignant cases this should be made use of every half hour, and continued from ten to fifteen minutes at a time. Its advantages are that it excites an abundant production of the pus, thus hastening the detachment of the false membrane, while at the same time we have the benefit of the antiseptic effects of the carbolic acid.

The vapor of slaking lime is highly recommended from the author's experience. Also ice. Warm poultices around the neck are believed to benefit the swollen glands and encourage suppuration.

As constitutional remedies, the following are commended: Tincture of the chloride of iron, quinine, chlorate of potash, quinine in antipyretic doses when fever is high.

Permanganate of potash has been used with success by the author.

The carbolic acid and iodine treatment advocated by Bartholow is endorsed as a rational mode of treatment.

Alcoholic liquors are recommended as valuable to prevent systemic infection, and for their stimulating and supporting qualities. They should be employed early and continued throughout, the quantity used to be regulated by the special demands of each case. In the malignant form of the disease, they cannot be dispensed with.

Stress is laid upon the importance of proper nourishment, the most reliable articles of diet

being milk and animal broths; the former should be used as the chief drink.

In the local treatment of laryngeal diphtheria, great reliance is placed upon hot medicated vapor, as already spoken of, and slaking lime, used frequently and persistently, also naseants and emetics. The general treatment is similar to that already recommended.

(Concluded in next number.)

Infanticide in France.

A report has been recently made to the President of the French Republic, in which it appears that in 1882 legal proceedings were taken with respect to 171 cases of infanticide, 19 abortions, and 177 of what is termed the suppression or exposure of infants. The report then goes on to explain that the proportion of acquittals for each of these crimes amounts to 42, 55, and 61 per cent, respectively. As we may be morally certain that nearly every one of the accused was in reality guilty, the enormous proportion of acquittals must seem inexplicable to those who are not intimately acquainted with the conditions of French society. Just, however, as this official report was in course of publication, a seamstress, living in a garret in the Boulevard Voltaire, committed suicide by means of charcoal fumes. The following words were found on the mantelpiece: "I die because I am abandoned at the moment I am about to become a mother." This simple incident explains the statistics we have quoted. The search for proof of parentage is forbidden by the French law, and French juries, knowing that the law gives no protection to betrayed and abandoned women, cannot be made to convict, even where the guilt is patent.

Medical Society of New Jersey.

The next annual meeting of the Medical Society of New Jersey will be held in the Stockton House, at Cape May City, on Tuesday and Wednesday, June 10-11, 1884. The annual address by the president, Dr. S. Wickes, will be delivered on Tuesday evening. A complimentary train for the physicians and their families will leave Camden for Cape May on Tuesday at 12 o'clock m.

Orange, May 10.

Wm. PIERSON, Sec'y.

Items.

—A testimonial dinner will be given to Professor Alfred Stillé, at the Bellevue Hotel, in this city, May 22.

—Dr. Robert T. Edes has been appointed to fill the Chair of Clinical Medicine in Harvard University, made vacant by the death of Dr. Calvin Ellis.

—Prof. Cantieri, of the Medical Clinic at Siena, relates two cases of large ovarian cysts, which were completely cured by intra-cystic injections of tincture of iodine.

—The New York Cancer Hospital is reported to have received a gift of \$200,000 from Mr. John Jacob Astor, together with a number of smaller sums from others.

—Of the 37,672,048 inhabitants of France, 1,101,090 are foreigners, of whom 432,265 are from Belgium, 240,733 from Italy, 81,986 from Germany, 73,781 from Spain, 66,281 from Switzerland, and only 37,006 from the British Isles. The number of naturalized foreigners is only 77,046.

—A Summer Hospital for Children, designed to accommodate about thirty patients, is in contemplation by the people of Rochester, to be built on the shore of Lake Ontario.

—Unwholesome wells in Brooklyn, to the number of ninety-two, have been ordered to be closed by the Board of Aldermen, having been condemned by the Board of Health.

—Prof. Nussbaum recommends a few drops of oil of cloves to be dropped in the towel or apparatus used for the administration of chloroform, in cases where the chloroform is disagreeable.

—The Contagious Cattle Diseases Bill, providing for the "Bureau of Animal Industry," has passed the United States Senate with some amendments, chiefly the reduction of the appropriation to \$150,000.

—In the *Australian Medical Journal* Dr. Walsh reports a case where, twenty-nine days after the birth of a child, a second one was born. The woman had been attended by a midwife. She had made a good recovery, had nursed the first child, and was perfectly unaware meanwhile that she carried a second in utero.

—M. Abel Damour has succeeded in obtaining information of thirty women who have recovered from Porro's operation. In twenty-two cases, the catamenia ceased entirely, and nothing particular was noticed at the time of the period. Professor Porro observed once a swelling of the pedicle and a mucous discharge from the scar. In the remaining seven cases, reported by various authors, hemorrhages took place at the time of the catamenia from the vagina, rectum, bladder, nose, or lungs. Dr. Ramello's patient, who was operated on in July, 1880, suffers every month from slight epistaxis and headache.

—The death-rate of Russia is the highest in Europe. This is attributed to the paucity of medical men, and the habits of the rural population. According to late returns, the average duration of life is only 26 years, and the mortality among infants is frightful. More than 60 per cent. of infants die before they reach their fifth year, and nearly 2,000,000 children perish every year. Of 8,000,000 boys, only 3,770,000 attain the age of military service—that is to say, their twenty-fifth year; and of these at least 1,000,000 are found, by reason of shortness of stature and weakness of body, to be unfit for military duties.

—The fourth annual report of the Central Sanitary Bureau of the Japanese Government covers the year July 1, 1878–9, and contains much curious information. The number of medical students in public schools and hospitals was 4,313, but only 2,868 were pursuing a strict course. Licenses were granted to sell nearly 5,000 different kinds of patent medicines; yet this number represents a large falling off since the year before. As in the case of our "bitters," venders carried on a profitable trade in sake without paying the wine

tax, by mixing with ordinary Japanese wine a small quantity of some medicament.

Personal.

—Dr. J. D. Y. Madeira (class 1883 Jefferson Medical College) has located at Grantville, Dauphin county, Pa.

MARRIAGES.

AYRES—ROE.—At the residence of the bride's uncle, Mr. W. I. Preston, 71 Pierrepont street, Brooklyn, N. Y., on Wednesday, April 23, 1884, by the Rev. C. W. Millard, Mr. Seward L. Bowser, of Martinsburg, Pa., son of Dr. I. N. Bowser, and Miss Ida L. McFarland, of Poughkeepsie, N. Y.

BOWSER—MFARLAND.—At the parsonage, Poughkeepsie, N. Y., January 16, 1884, by the Rev. C. W. Millard, Mr. Seward L. Bowser, of Martinsburg, Pa., son of Dr. I. N. Bowser, and Miss Ida L. McFarland, of Poughkeepsie, N. Y.

BOWMAN—WININGS.—At Bloomington, Neb., April 18, 1884, by the Rev. T. A. Hamilton, Dr. Fred. Bowman, formerly of Chicago, Ill., and Miss Beckie M. Wining, formerly of Westmoreland county, Pa.

BULLARD—HUPP.—AT Wheeling, Va., April 23, 1884, Dr. R. H. Bullard and Miss Annie L. Hupp, daughter of Dr. Jno. C. Hupp.

CONRAD—CAMP.—At St. Andrew's church, New York city, April 29, 1884, by the Rev. Dr. Francis Lobdell, J. Reed Conrad, M. D., of Philadelphia, and Miss Genie E. V. Camp, of New York city.

DANIEL—McDONALD.—At the residence of the parents of the bride, April 29, 1884, Dr. David H. Daniel, of Owlett, Pike county, Ind., and Miss Minerva E. McDonald, of Porterville, Dubois county, Ind.

DAVIDSON—CRAVENS.—At Madison, Ind., April 30, 1884, Dr. Wm. R. Davidson, of Evansville, Ind., and Miss Elizabeth Gardiner Cravens, of Madison.

HARE—PEMBERTON.—At St. Luke's church, in this city, Thursday, May 8, 1884, by the Right Rev. Wm. H. Hare, assisted by the Right Rev. M. A. de Wolfe Howe and the Rev. Dr. Hare, Dr. Hobart Amory Hare and Rebecca Clifford, daughter of Clifford Pemberton, Esq.

HUDNUT—IRVING.—At Central church, Orange, N. J., April 30, 1884, by the Rev. D. Irving, D. D., assisted by the Rev. Albert Yeomans, D. D., Dr. Frank P. Hudnut and Charlotte Elizabeth Irving, daughter of the officiating clergyman.

JACOBUS—BURKE.—At Mattison church, Bayonne, N. J., Wednesday afternoon, April 23, 1884, by the Rev. Thomas H. Jacobus, assisted by the Rev. C. S. Woodruff, Atwood E. Jacobus, M. D., of Franklin, N. J., son of the officiating clergyman, and Miss Jennie L. Burke, daughter of J. T. Burke, of Bayonne, N. J.

MAYER—LEE.—At the residence of the bride's mother, Covington, Ky., April 24, 1884, by the Rev. Mr. Jefferson, Dr. Chester A. Mayer and Mattie Lee, daughter of the late W. M. M. Lee.

RILEY—OPRY.—At the residence of the bride's brother, Capt. J. T. O'Pry, in New Orleans, April 10, 1884, Dr. Robert L. Riley, and Miss Sallie O'Pry, both of New Orleans.

DEATHS.

BANCKER.—In Enfield, Vt., April 21, 1884, W. W. Bancker, M. D., aged fifty-three years.

COOKE.—At Adams, Ind., April 19, 1884, Dr. J. Mills Cooke, aged forty-nine years.

JONES.—In Evansville, Ohio, April 30, 1884, Dr. H. G. Jones, aged fifty-nine years and nine months.

MEREDITH.—At Abilene, Kansas, April 28, 1884, Dr. L. Phil Meredith, formerly of Cincinnati.

OWEN.—In Cincinnati, Ohio, after a short illness, Thursday, May 1, 1884, at 2 p. m., Dr. Jesse Owen, in the sixtieth year of his age.

SKINNER.—At Hartford, Conn., May 10, 1884, suddenly, Dr. Thomas H. Skinner, of this city.